

# South East London 111 Service Market Engagement Event

15<sup>th</sup> August 2024

# Housekeeping



- **Kerry Lipsitz**, Director of Urgent and Emergency Care, SEL ICB
- **Dr Robert Davidson**, Clinical Lead for Integrated Urgent and Emergency Care, SEL ICB
- **Claire Goodey**, Commissioning Manager for 111 and 999, SEL ICB
- **Rebecca King**, Integrated Delivery Unit Programme Manager, SEL ICB

## Purpose

- To share with you our plans for the procurement of a new 111 service for South East London.
- To receive your feedback on the proposed approach, technical requirements and contract terms.

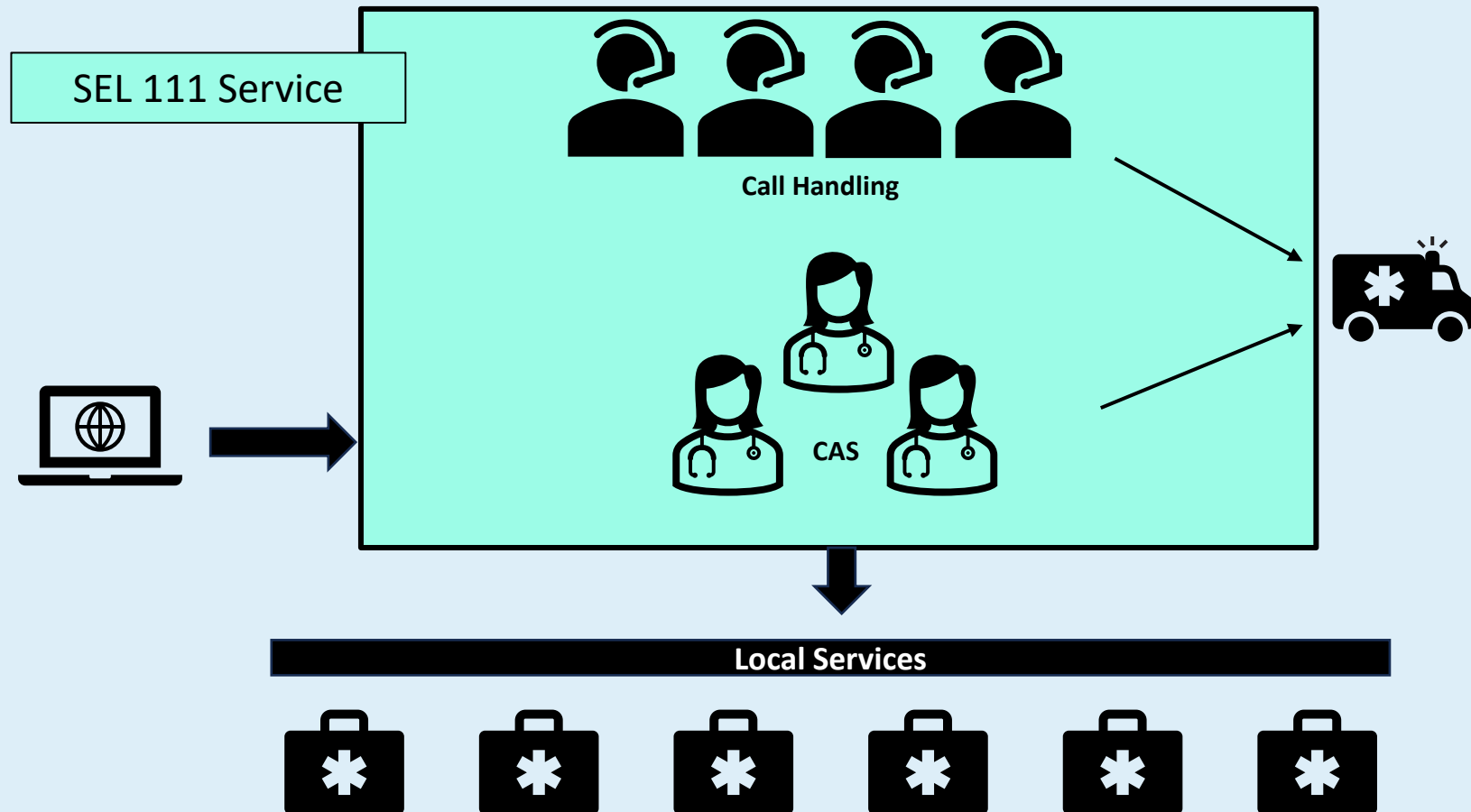
# Agenda

Item	Lead	Time
Welcome and introductions, housekeeping, purpose, agenda	Kerry Lipsitz	09:30
SEL Plans		09:40
<ul style="list-style-type: none"> <li>- Introduction</li> <li>- The telephony platform</li> <li>- The call handling service</li> <li>- The Integrated Delivery Units (formerly known as clinical assessment service)</li> <li>- The technical requirements</li> <li>- The contract terms</li> </ul>	Rob Davidson Claire Goodey Claire Goodey Rebecca King  Claire Goodey Kerry Lipsitz	
Discussion	Facilitators	10:20
Closing / next steps	Kerry Lipsitz	12:50

# Introduction

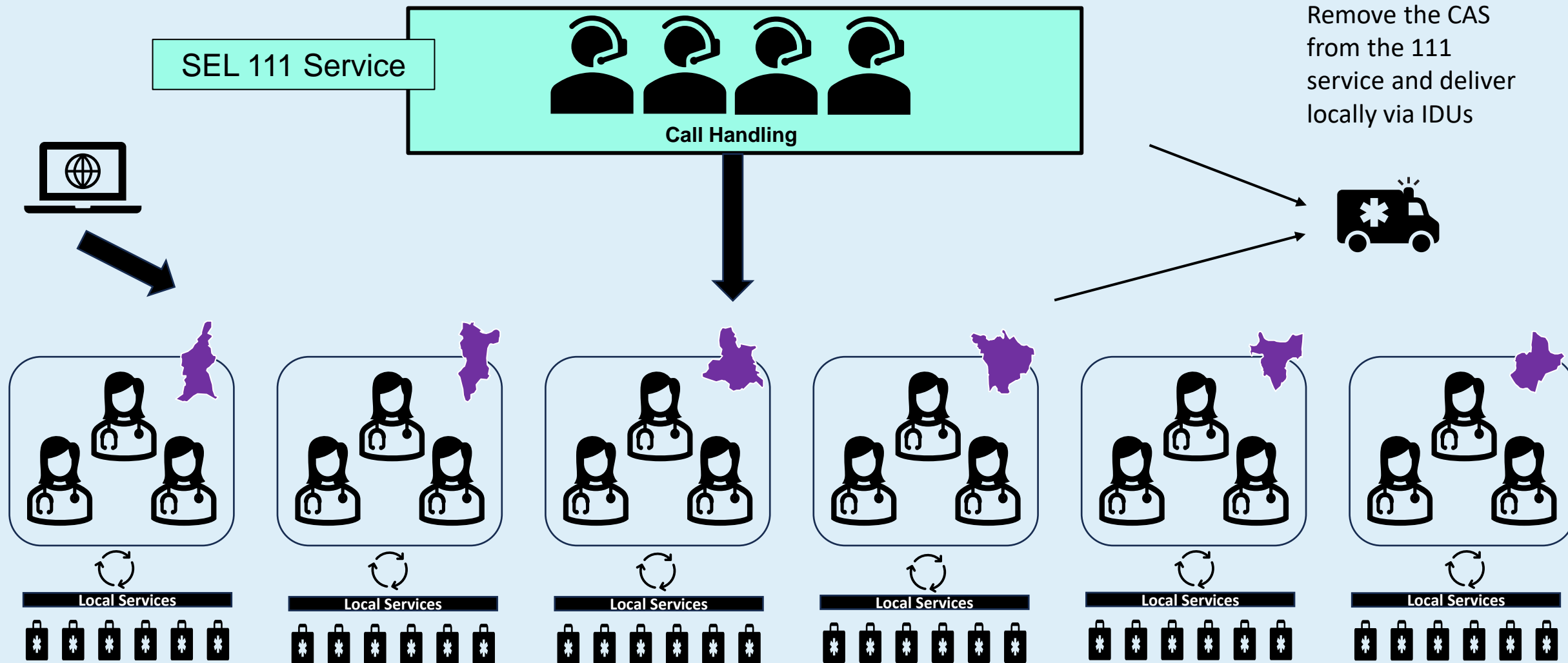
Presenter: **Dr Robert Davidson**, Clinical Lead for Integrated Urgent and Emergency Care, SEL ICB

## Current 111 Model 24/7



CAS = Clinical Assessment Unit

# Proposed 111 Model



These IDUs may be one provider 24/7 or one provider for in hours and another for out of hours



## Better experience for patients by:

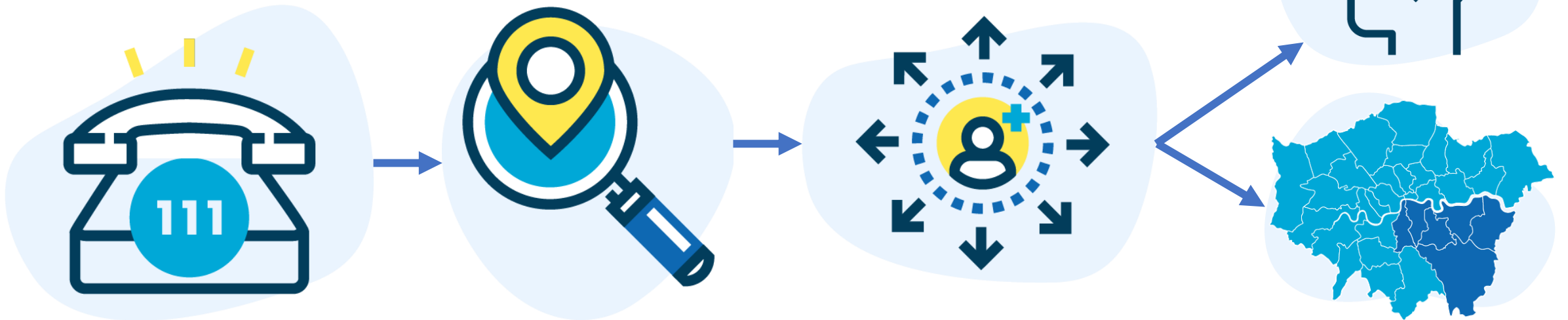
- **Offering more holistic care** – patients being treated by local services with local institutional knowledge, expanding the range of services that patients can be referred onto, in line with Fuller’s recommendations.
- **Improving call back times** – This was a key theme in the feedback received via the 111 service redesign patient survey (407 responses, received between November 2023 and January 2024). Sharing the clinical workload between multiple Integrated Delivery Unit (IDU) providers will result in smaller, more manageable clinical queues.
- **Reducing the need for patients to call multiple times** – analysis of all London 111 calls made between June and November 2023 showed between 17 and 20% of calls were multiple calls made to 111 from the same number within 96 hours of the original call.
- **Giving parity to 111 online users** – ensuring patients using 111 online get offered a call back from a clinician for the same things that 111 callers would; in doing so, encouraging channel shift to digital services.
- **More efficient and effective use of 111 call handling and IDU services** – seeking innovation and new approaches to managing 111 demand to ensure the service remains sustainable in the face of workforce challenges.

# The telephony platform

Presenter: **Claire Goodey**, Commissioning Manager for 111 and 999, SEL ICB

# National 111 Telephony Platform

## The patient journey currently looks like...



When you call 111, your phone call is connected to the national 111 telephony platform. You will be asked to press 9 to continue.

You will be asked to say the name of your borough or nearest tube/train station, to find out where in the country you are.

You will be asked to:  
**Press 1** for physical health  
**Press 2** for mental health  
**Press 3** if you're a healthcare professional

Mental Health calls are routed to your local mental health hub. All other London calls are routed to the London 111 PRM telephony platform.

# London 111 Telephony Platform



If the telephony platform identifies the phone number as having contacted 111 within the last 72-hours, the caller will be asked to confirm that they are a repeat caller and whether they are worsening, before being routed to a 111 call handler.



Callers are asked to say their age. All calls relating to under 5-year-olds or other 80-year-olds are routed straight to a 111 call handler.



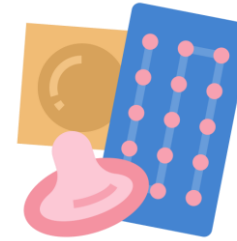
Callers are asked to state the reason for their call.



Any callers (excluding under 5s, over 80s and repeat callers) with a keyword match for:

- Dental
- Repeat Medication / Emergency Medication
- Sexual Health (and over 15-years-old)

Are given the option of being redirected to online services.



Callers with a keyword match for skin rash may be sent a text link to an Artificial Intelligence tool to capture relevant information (including photos) and send this into the 111 service for a call back from a clinician (currently only available in certain parts of London).



All other callers are routed to a 111 call handler.

South East London (SEL) Integrated Care Board (ICB) is committed to a **programme of technological transformation in order to deliver more efficient and effective use of 111 services**. Some examples of this are:

- SEL ICB is working with the other London ICBs and NHS England to **expand the use of Natural Language Processing (NLP) and Artificial Intelligence (AI) to encourage channel shift** from the 111 telephony service to the NHS app, 111 online and alternative triage tools, such as Visiba. This is an **iterative technological transformation process**, focusing on one pathway at a time.
- North West London ICB are piloting the **use of webforms** for pathology laboratories **to request a call back from the 111 Clinical Assessment Service**, and LAS are making plans to pilot webforms for paramedics. If successful, this may be rolled out to all healthcare professionals that routinely call 111 for support from the CAS, **meaning HCPs in SEL could submit a webform to their local IDU, bypassing the 111 call handling service**.

**There will remain a need for a 111 call handling service**, as many patients express a preference for speaking to a person about their health concerns, and for some there are barriers to digital access e.g., lack of digital literacy and / or English proficiency.

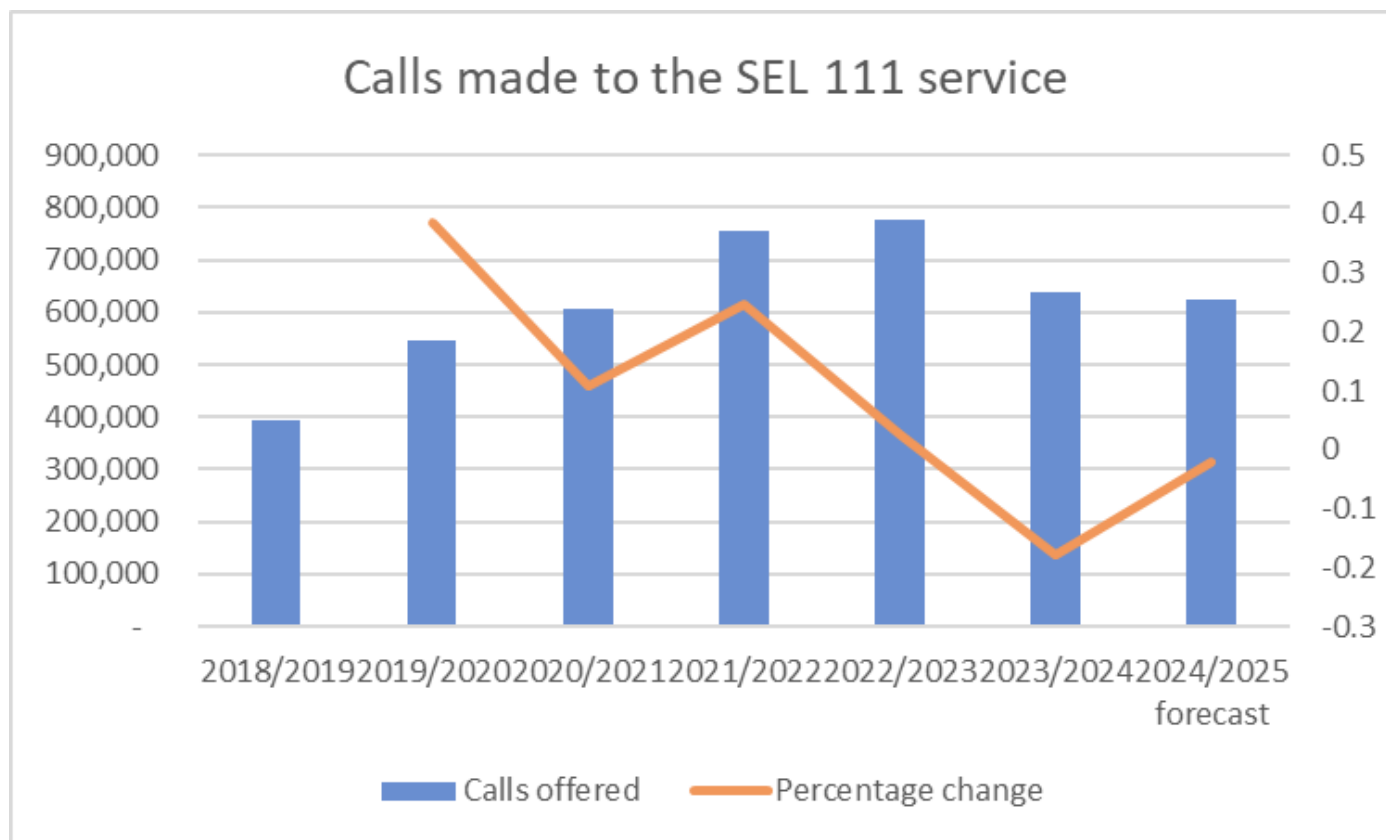
# The call handling service

Presenter: **Claire Goodey**, Commissioning Manager for 111 and 999, SEL ICB

# Historic Demand

	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025 forecast
<b>Calls offered</b>	394,276	546,888	606,448	755,520	774,950	636,935	624,194
<b>Percentage change</b>		39%	11%	25%	3%	-18%	-2%
<b>2023/24 v 2018/19</b>						62%	

- In the first year of the current contract (2019/20), demand was 39% higher than the previous year due to the impact of Covid.
- Demand continued to rise throughout the pandemic.
- We are now seeing that trend reverse with demand in 2023/24 18% lower than the previous year. However, demand remains high at 62% higher than the last full pre-pandemic year.
- 2024/25 is currently seeing demand 10% lower than last year.

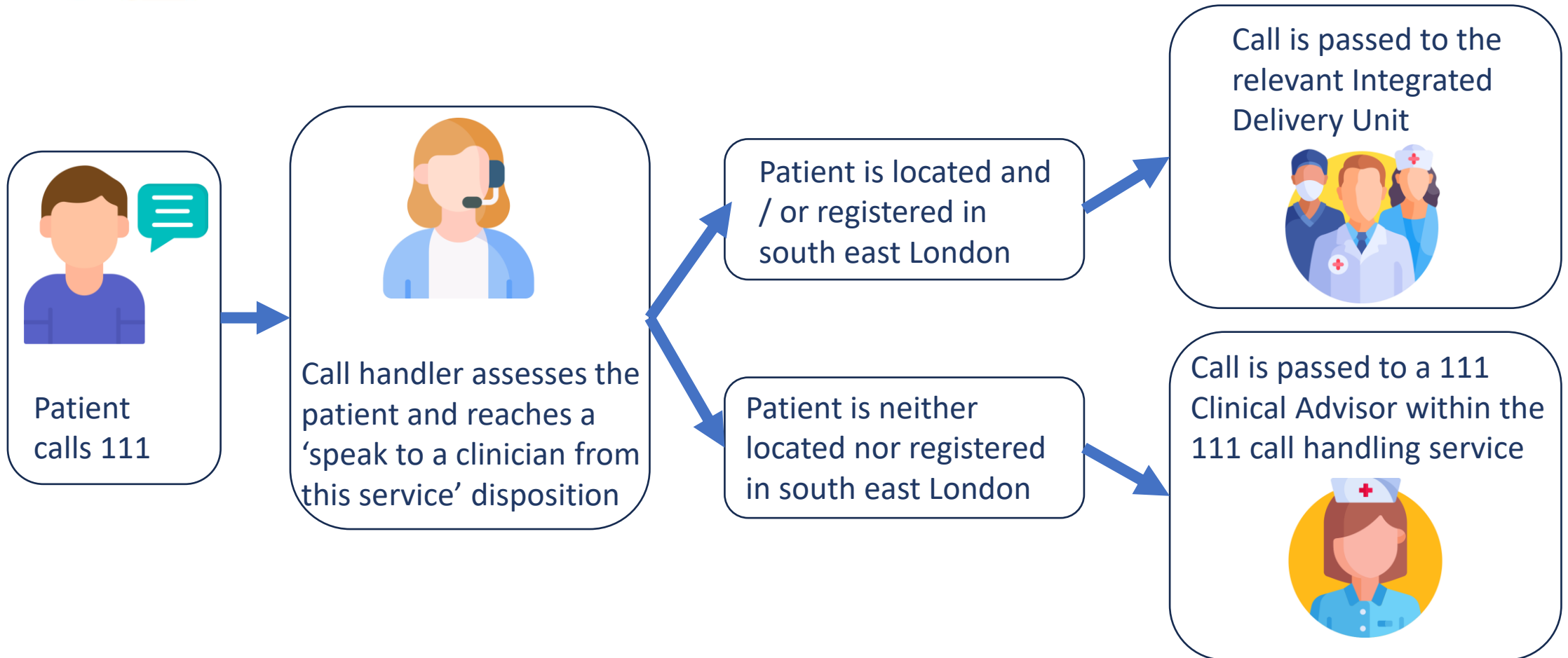


- The **2024/25 SEL 111 IUC contract** has been agreed on the basis of offered calls **2% lower than the previous year**, in acknowledgment of the reduction in demand seen over the past year.
- At the moment, **we do not know when the recovery from the demand peaks of the pandemic will be complete.**
- It's possible that the attempts to **channel shift** 111 callers to webforms, the NHS app, 111 online and other triage tools **will cause reductions in call volumes** over the lifetime of the contract; **however, we cannot prevent demand increasing as a result of unforeseen circumstances** – recent examples include: Covid, M-Pox, Strep-A, Industrial Action, and the CrowdStrike incident.



- SEL ICB will be procuring a 111 call handling service as a separate lot to the IDUs.
- The **call handling service will triage 111 callers and refer on to appropriate clinical services**, as needed.
- The call handling service will need to **utilise a clinical decision support system** – for example, NHS Pathways.
- The **use of NHS Pathways is not mandated, and providers will be encouraged to innovate and explore other options.**
- **All ‘speak to a clinician from this service’ dispositions for patients located and / or registered in SEL will be passed downstream.** A postcode mapping table will be used to facilitate the transfer of these dispositions that cannot be transferred via the Directory of Services.
- **All ‘speak to a clinician from this service’ dispositions for patients that are neither located nor registered in south east London will be handled by Clinical Advisors within the 111 call handling service (0-2 patients per hour).**

# ‘Speak to a clinician from this service’



**For discussion: Most of these dispositions do not interrogate the DoS; are there any technical, operational, medical indemnity or clinical considerations regarding this handling of ‘speak to a clinician from this service’ dispositions?**

# The Integrated Delivery Units (formerly known as clinical assessment service)

Presenter: **Rebecca King**, Integrated Delivery Unit Programme Manager, SEL ICB

**The functions traditionally delivered by the 111 Clinical Assessment Service will be delivered by local Integrated Delivery Units (IDUs).** The remit will be expanded slightly to offer parity for 111 online users and will include:

## 24/7

- Patients with a care plan
- Patients with a Special Patient Note (when relevant to their episode of care)
- Complex calls
- Frequent callers
- Category 3 and 4 ambulance dispositions
- Emergency treatment centre dispositions
- Home management dispositions
- All other 'Speak to a clinician from this service' dispositions not covered above e.g., Toxic ingestion / inhalation, chemical eye splash, failed contraception, refused dispositions
- Neonates (less than 4-weeks-old)
- Repeat prescription requests (if it has not been possible to refer these to a pharmacy e.g., controlled drug requests)
- Medication enquiries (if it has not been possible to refer these to a pharmacy)
- Speak to and contact primary care dispositions (if it has not been possible to refer these to a primary care service)
- Health information calls (if it has not been possible to refer these to an online source of information)
- Calls from 999 staff
- Calls from nursing and residential care home staff
- Calls from registered healthcare professionals

## Out of hours only

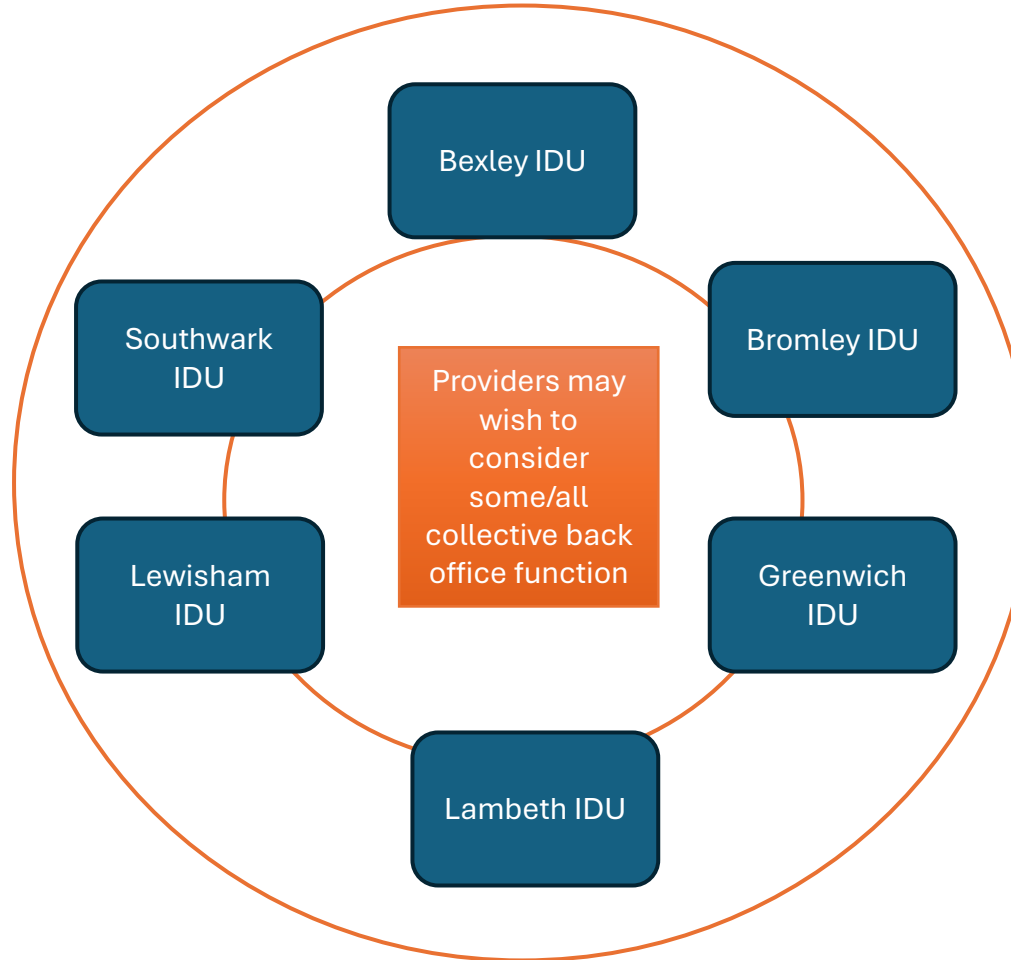
- Urgent laboratory test results

# Expected Demand for the IDUs and 111 CAs

	Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark	Out of Area
Average weekly in hours activity	290 calls	409 calls	422 calls	422 calls	465 calls	440 calls	63 calls
Average weekly out of hours activity	531 calls	804 calls	810 calls	756 calls	762 calls	720 calls	109 calls
Total average weekly activity	821 calls	1213 calls	1231 calls	1178 calls	1227 calls	1160 calls	172 calls
Range in calls per hour	1-12 calls per hour	1-19 calls per hour	2-17 calls per hour	2-16 calls per hour	2-15 calls per hour	2-14 calls per hour	0-2 calls per hour
Busiest periods	Sat 10:00-12:00	Sat and Sun 08:00-20:00, Mon 09:00-12:00 and 15:00-21:00 , Tues 18:00-20:00, Wed and Thurs 19:00-20:00 and Fri 17:00-21:00	Sat and Sun 08:00-22:00, Mon 09:00-15:00 and 18:00-20:00, Wed 18:00-21:00, Thurs 19:00-20:00 and Fri 16:00-22:00	Sat 08:00-21:00, Sun 09:00-18:00, Mon 10:00-20:00, Tues 12:00-13:00, Tues and Wed 19:00-20:00 and Fri 18:00-21:00	Sat 08:00-20:00, Sun 09:00-18:00, Mon 09:00-20:00, Tues 11:00-13:00, Wed 17:00-18:00, Fri 14:00-21:00	Sat 08:00-17:00, Sun 09:00-18:00, Mon 09:00-19:00, Tues 11:00-12:00, 17:00-18:00 and 20:00-21:00, Fri 11:00-18:00	None

# IDUs - Future Plans

Day time



These IDUs may be provided at a borough level, or provision may cover multiple boroughs (for example, during times of day where call volumes are very low at a borough level).

Nighttime



It is planned to separate the IDU procurement into Lots 'In hours' and 'Out of hours' (OOH) by each borough, (6 'In hour' Lots and 6 'Out of hours' Lots). There are a number of potential ways of cutting the working times for each Lot. Below are a few options, but there could be others.

- Option 1 – 'In hours' 08.00 – 18.30 Monday - Friday and OOH 18.30 – 08.00 Monday to Friday and 24/7 at weekends/Bank Holidays (BHs)
- Option 2 – 'In hours' being 08.00 – 18.30 7 days a week, with OOH 18.30 – 08.00 7 days a week
- Option 3 – 'In hours' 08.00 – 20.00 Monday - Friday and OOH 20.00 – 08.00 Monday - Friday and 24/7 at weekends/BHs
- Option 4 – 'In hours' 08.00 – 20.00 7 days a week, OOH 20.00 – 08.00hrs 7 days a week

## For discussion:

**1. What option would be the best way to cut the working times of Lots given the activity numbers?**

**2. Would it be beneficial to also create an overlap of 30 mins between the 2 time slots? If so, where do you think the 30 mins overlap should be included? i.e. at the end of each time slot e.g. Option 1 would be in hours until 19.00 and out of hours until 08.30 or before the start of each time slot e.g. Option 1 would start at 07.30 and out of hours would start at 18.00, etc.**

- Each borough will outline the requirements for a Lot A (in hours) and Lot B (out of hours) to serve each borough's local population (creating a total of 12 IDU lots). Bidders can bid by borough, for multiple boroughs, or for all boroughs.
- Bidders are encouraged to work collaboratively on joint bid / alliance type models where possible. Where a joint / alliance bid is submitted, bidders will be expected to articulate who the lead provider is and how organisations will work together, including: Terms of Reference, governance, business continuity plans as well as explaining a robust mutual aid policy.

## For discussion:

1. Is there anything you have heard in the proposal around the IDU procurement that would deter you from bidding?
2. Are there any missed opportunities in what you have seen to ensure we are delivering a sustainable, patient centred service?



These are examples of what providers may be asked during the bidding process:

- To describe how they will collaborate with other providers to deliver the IDU, and, if working together, what the alliance arrangements will be.
- To be able to describe how they will ensure staff delivering the IDU are fully conversant with services at local borough level, i.e. Lewisham offer providing IDU input on behalf of Lewisham residents etc
- To describe how they will work collaboratively with other stakeholders across the same day care landscape, to manage demand and ensure patients are seen in the right place, first time.
- To demonstrate an approach to delivering mutual aid across all six boroughs.
- To demonstrate how they will adopt and innovate using developments in technology over the term of the contract.
- To describe interoperability systems and arrangements to aid hand offs to and from other services.
- To produce regular borough, aggregated and PCN/GP practice level reporting data.
- To describe how they will support channel shift and the redirection of patients to local services as part of the longer-term reduction of activity levels.
- To describe how they will influence the improvement and development of the call handling elements based on intelligence gathered, working collaboratively with the call handling provider to ensure delivery against reduced activity.

# The technical requirements

Presenter: **Claire Goodey**, Commissioning Manager for 111 and 999, SEL ICB

# Mapping the Technology Requirement

## Inbound request via online / phone:

- NHS 111 Telephony
- NHS 111 Online
- British Sign Language Interpreting Services
- 999 direct transfer of low acuity patients not requiring an ambulance via electronic message into queue.
- Electronic message request for Health Care Professional (HCP) call back
- Electronic message with pathology laboratory results for follow up

## Outbound request via online / phone

- Integrated Delivery Units
- Mental Health Crisis Lines
- The Pan-London Dental Nurse Triage Service
- All urgent care services
- Ambulance Request
- Electronic referral methods when referring to any other services.
- Direct appointment booking with destination services
- The use of Post Event Messaging

## Clinical Decision Support System & clinical workflow system

- Ambulance response Programme (ARP) compliant clinical decision support system (CDSS) version
- Integration with the Personal Demographics Service (PDS)
- Integrate with the National Repeat Caller Service
- Query Child Protection Information System (CP-IS), SCR, LCR
- Access detailed primary care/GP records
- Integration with the DoS

## Reporting Requirement

- Real time reporting systems to satisfy the Commissioner's Minimum Data Set (MDS) requirements
- Regular reporting of data will be required that covers the entirety of the IUC service for a Commissioner's area to report to NHSE and Commissioner
- IUC Aggregated Data Collection (ADC) is collected and reported disposition and outcome monitoring
- Staff and Patient Feedback Survey
- Financial inputs and staff models
- Syndromic surveillance
- London level Reporting via interactive dashboard

# Future Technical Delivery Model

Three potential technical outcomes of the market engagement / procurement:

- **Option 1:** Same provider for call handling and the IDUs
- **Option 2:** One provider for call handling and another (single) provider for the IDUs
- **Option 3:** One provider for call handling and more than one provider for the IDUs

- 111 Call Handling and IDU service specifications will separately specify the need to have the capability to deliver the technical requirements within the IUC Technical Specification.
- How this is done is up to the providers e.g. IDU providers may approach a 111 provider or a GPOOH provider and ask to pay to piggyback off their clinical workflow and clinical decision support systems.
- **For discussion: Are providers comfortable with the technical requirements or are there any that would deter you from bidding?**

# The contract terms

Presenter: **Kerry Lipsitz**, Director of Urgent and Emergency Care, SEL ICB

## Future Plans

- Feedback received at the first market engagement event that a 2- plus 2-year contract length was not desirable. The ICB is considering agreeing all contracts (111 call handling and Integrated Delivery Units) on a **3-year basis with the potential for a 2-year extension.**
- The **indicative budget** is as follows:
  - £10 – £12 million for call handling.
  - £7 - £8 million for IDUs for approx. 56% of calls answered by the 111 call handling service. The budget is likely to be split by weighted list size.
- The construct of the contracts is yet to be determined. All IDUs will use the same contract constructs. **One of our ambitions is for transformation of the service. What payment terms would help to deliver this: activity based, cap and collar or block?**

Borough	Weighted list size (%)
Bexley	12%
Bromley	17%
Greenwich	16%
Lambeth	21%
Lewisham	17%
Southwark	18%

### For discussion:

- Does the extended length of the contract make the service more preferable for bidding?**
- What payment terms would support transforming the service for the future?**

# Discussion

Presenter: **Rebecca King**, Integrated Delivery Unit Programme Manager, SEL ICB





# For Discussion

1. Are there any technical, operational, medical indemnity or clinical considerations regarding the proposed handling of 'speak to a clinician from this service' dispositions? (SEL patients – including unregistered and visitors to the area – passed downstream to the IDUs, out of area patients handled by the 111 Call Handling Service's Clinical Advisors)
2. What option would be the best way to cut the working times of Lots given the activity numbers?
3. Would it be beneficial to also create an overlap of 30 mins between the 2 time slots? If so, where do you think the 30mins overlap should be included? i.e. at the end of each time lot e.g. Option 1 would be in hours until 19.00 and out of hours until 08.30 or before the start of each time slot e.g. Option 1 would start at 07.30 and out of hours would start at 18.00, etc.
4. Is there anything you have heard in the proposal around the 111 call handling and IDU procurement that would deter you from bidding?
5. Are there any missed opportunities in what you have seen to ensure we are delivering a sustainable, patient centred service?
6. Are providers comfortable with the technical requirements or are there any that would deter you from bidding?
7. Does the extended length of the contract make the service more preferable for bidding?
8. What payment terms would support transforming the service for the future?

# Session close / next steps

Presenter: **Kerry Lipsitz**, Director of Urgent and Emergency Care, SEL ICB



## Next Steps

- Feedback heard today will be used to refine the service specifications and timelines.
- When the procurement goes live, Providers must submit questions via the project page on Atamis, which will be made clear and accessible in the advert. In the meantime, questions can be submitted directly to our procurement lead: [kieran.james-paterson@nhs.net](mailto:kieran.james-paterson@nhs.net).

**Thank you for your time today!**

# Appendix

# Potential Bexley IDU demand

Bexley								
Time Band Start	Time Band End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00	01:00	3	2	2	3	2	3	3
01:00	02:00	2	2	2	2	2	2	2
02:00	03:00	2	2	2	2	2	2	2
03:00	04:00	2	2	2	1	2	2	1
04:00	05:00	1	2	2	2	1	2	2
05:00	06:00	2	2	2	2	2	2	2
06:00	07:00	2	3	2	3	3	3	3
07:00	08:00	5	4	4	3	4	6	4
08:00	09:00	7	6	5	5	5	7	6
09:00	10:00	8	6	6	5	6	9	8
10:00	11:00	8	6	5	6	6	12	9
11:00	12:00	8	5	5	5	6	10	8
12:00	13:00	7	6	6	5	6	8	8
13:00	14:00	7	5	4	5	5	8	6
14:00	15:00	6	6	5	5	5	8	6
15:00	16:00	6	5	4	4	5	8	6
16:00	17:00	7	6	6	6	7	8	7
17:00	18:00	7	6	6	7	7	8	8
18:00	19:00	7	7	7	5	7	8	7
19:00	20:00	7	7	7	7	8	8	8
20:00	21:00	6	7	6	7	6	6	6
21:00	22:00	6	6	5	6	6	6	6
22:00	23:00	5	5	4	4	5	5	5
23:00	00:00	3	4	3	4	4	5	3

# Potential Bromley IDU demand

Bromley								
Time Band Start	Time Band End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00	01:00	3	4	4	3	3	5	4
01:00	02:00	3	3	3	3	2	3	3
02:00	03:00	2	2	2	2	2	3	3
03:00	04:00	2	2	2	2	3	3	2
04:00	05:00	2	3	2	1	1	3	3
05:00	06:00	2	2	2	2	2	3	3
06:00	07:00	3	4	3	4	3	5	4
07:00	08:00	6	6	5	5	5	9	8
08:00	09:00	9	8	8	8	8	14	11
09:00	10:00	11	7	8	9	8	19	15
10:00	11:00	12	9	8	8	8	18	16
11:00	12:00	10	8	7	6	8	19	16
12:00	13:00	9	7	7	7	8	18	12
13:00	14:00	9	8	8	7	8	16	11
14:00	15:00	9	7	8	7	7	13	12
15:00	16:00	10	7	8	7	8	12	12
16:00	17:00	9	9	7	7	9	13	10
17:00	18:00	10	8	8	8	10	13	11
18:00	19:00	10	10	8	9	12	11	11
19:00	20:00	12	11	10	11	12	11	10
20:00	21:00	10	8	8	8	10	9	9
21:00	22:00	8	8	7	7	9	9	8
22:00	23:00	6	6	6	5	7	7	7
23:00	00:00	5	5	5	4	6	5	6

# Potential Greenwich IDU demand

Greenwich								
Time Band Start	Time Band End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00	01:00	4	4	4	4	4	4	5
01:00	02:00	3	3	3	3	3	4	4
02:00	03:00	3	2	3	3	3	2	2
03:00	04:00	3	3	2	2	2	3	3
04:00	05:00	3	2	2	2	2	3	2
05:00	06:00	3	2	2	2	2	3	3
06:00	07:00	4	4	3	3	4	5	3
07:00	08:00	5	5	5	5	5	8	7
08:00	09:00	9	8	7	7	7	13	11
09:00	10:00	10	8	9	8	9	16	14
10:00	11:00	11	9	8	8	9	16	14
11:00	12:00	11	9	8	8	8	17	15
12:00	13:00	10	8	9	8	8	16	12
13:00	14:00	10	8	8	7	8	14	12
14:00	15:00	10	8	7	7	9	13	12
15:00	16:00	9	7	8	7	8	13	10
16:00	17:00	9	9	9	7	10	13	12
17:00	18:00	9	9	8	8	10	12	9
18:00	19:00	11	9	10	9	10	10	11
19:00	20:00	11	9	10	10	11	10	10
20:00	21:00	9	9	10	9	11	11	10
21:00	22:00	8	9	8	8	10	10	8
22:00	23:00	6	7	6	7	8	9	7
23:00	00:00	5	6	4	5	6	6	6

# Potential Lambeth IDU demand

Lambeth								
Time Band Start	Time Band End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00	01:00	4	4	4	4	3	5	5
01:00	02:00	3	4	3	3	2	4	4
02:00	03:00	3	2	3	2	2	3	3
03:00	04:00	2	2	2	2	2	3	3
04:00	05:00	2	2	2	2	3	2	2
05:00	06:00	2	3	3	3	2	3	3
06:00	07:00	3	3	4	3	4	5	4
07:00	08:00	6	5	4	4	5	7	5
08:00	09:00	8	7	7	6	7	10	9
09:00	10:00	9	9	8	8	9	13	11
10:00	11:00	11	9	8	8	9	15	11
11:00	12:00	10	8	8	8	8	14	12
12:00	13:00	10	10	8	7	8	16	11
13:00	14:00	10	8	8	9	8	14	12
14:00	15:00	9	8	8	8	7	13	11
15:00	16:00	10	8	7	9	8	11	10
16:00	17:00	10	9	8	8	9	10	9
17:00	18:00	10	9	9	8	10	9	11
18:00	19:00	9	9	9	8	9	11	9
19:00	20:00	10	11	10	9	9	10	9
20:00	21:00	9	7	9	7	10	10	9
21:00	22:00	9	8	9	8	8	8	9
22:00	23:00	7	6	6	7	9	8	7
23:00	00:00	6	5	5	5	6	6	6



# Potential Lewisham IDU demand

Lewisham								
Time Band Start	Time Band End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00	01:00	4	4	4	4	5	5	5
01:00	02:00	3	4	4	3	3	3	4
02:00	03:00	3	3	3	3	3	3	3
03:00	04:00	3	3	2	2	3	3	2
04:00	05:00	2	2	2	2	3	3	2
05:00	06:00	3	2	3	3	3	3	3
06:00	07:00	4	4	4	4	4	5	4
07:00	08:00	5	6	6	5	6	7	7
08:00	09:00	9	9	8	8	8	12	8
09:00	10:00	10	9	9	8	9	13	13
10:00	11:00	12	9	9	8	8	15	13
11:00	12:00	12	11	9	8	9	15	12
12:00	13:00	12	11	9	9	9	14	11
13:00	14:00	11	9	9	8	9	13	11
14:00	15:00	10	8	8	8	10	13	10
15:00	16:00	10	9	9	8	9	12	10
16:00	17:00	10	9	9	9	10	11	10
17:00	18:00	10	9	10	9	10	11	10
18:00	19:00	9	9	9	9	9	10	8
19:00	20:00	10	8	8	8	10	10	9
20:00	21:00	9	9	8	7	10	9	9
21:00	22:00	8	8	7	7	8	8	8
22:00	23:00	7	6	7	6	7	8	7
23:00	00:00	5	5	6	5	5	6	6

# Potential Southwark IDU demand

Southwark								
Time Band Start	Time Band End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00	01:00	4	4	4	4	4	5	4
01:00	02:00	4	4	3	3	3	3	3
02:00	03:00	3	3	3	2	3	2	3
03:00	04:00	3	2	3	2	2	3	2
04:00	05:00	2	2	2	2	2	2	2
05:00	06:00	3	3	3	3	2	2	3
06:00	07:00	3	4	3	3	3	4	3
07:00	08:00	5	5	5	5	4	7	5
08:00	09:00	9	9	6	7	6	11	8
09:00	10:00	10	9	9	8	8	13	10
10:00	11:00	10	9	8	8	9	13	13
11:00	12:00	11	10	8	7	10	14	13
12:00	13:00	10	9	8	8	8	14	11
13:00	14:00	10	8	8	9	10	12	11
14:00	15:00	10	9	8	9	8	11	10
15:00	16:00	10	8	7	7	9	11	9
16:00	17:00	10	8	8	9	10	11	10
17:00	18:00	10	10	9	9	11	9	10
18:00	19:00	10	8	8	8	8	9	9
19:00	20:00	9	9	8	8	9	8	9
20:00	21:00	9	10	8	8	8	9	8
21:00	22:00	9	7	7	7	7	7	9
22:00	23:00	6	6	6	5	7	7	7
23:00	00:00	6	5	6	4	6	5	6

# Potential Out of Area 111 CA demand

Out of Area 111 CA Demand								
Time Band Start	Time Band End	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
00:00	01:00	1	1	1	1	1	1	1
01:00	02:00	1	0	1	1	1	0	1
02:00	03:00	1	1	1	1	1	1	1
03:00	04:00	1	0	0	0	0	1	1
04:00	05:00	1	1	1	1	0	0	0
05:00	06:00	1	0	0	0	1	1	0
06:00	07:00	0	0	1	1	0	1	0
07:00	08:00	1	1	1	1	0	1	1
08:00	09:00	1	1	1	1	1	1	2
09:00	10:00	2	2	1	1	1	2	1
10:00	11:00	1	2	1	1	1	1	2
11:00	12:00	2	2	2	1	1	2	2
12:00	13:00	2	2	2	1	1	2	1
13:00	14:00	1	1	2	1	1	1	1
14:00	15:00	1	1	1	1	1	2	1
15:00	16:00	1	1	1	1	1	1	1
16:00	17:00	1	1	1	1	1	1	1
17:00	18:00	1	1	1	1	1	1	1
18:00	19:00	1	1	1	1	1	1	1
19:00	20:00	1	2	1	1	1	2	1
20:00	21:00	1	1	2	1	2	1	1
21:00	22:00	1	1	2	1	1	1	1
22:00	23:00	1	1	1	1	1	1	1
23:00	00:00	1	1	1	1	1	1	1