Data Quality - IUCADC July 2019

Data for the IUC ADC are provided by lead data providers for each integrated urgent care service in England. It is the responsibility of commissioners of an IUC service to identify lead data providers and ensure that data are supplied each month. While lead data providers are responsible for collating and coordinating information for IUC ADC, they are not necessarily contracted to deliver all NHS 111 and out of hours services in the contract area. Integrated Urgent Care is provided by a variety of organisations, including ambulance services, private companies, not for profit organisations and NHS Trusts.

The quality of data is therefore dependent upon all parts of the IUC service supplying data to the relevant lead data provider. This document sets out lead data providers' comments about the quality of data supplied.

General Comments

- Performance of the IUC service was affected on Saturday 27th July by a national outage of the Adastra Clinical Patient Management System which affected the majority of NHS 111 sites and meant providers had to use local contingency systems to manage calls until service was resumed.

- The development of a new ADC reporting package in the Adastra Clinical Patient Management System may have resulted in some issues with this month's returns. This means that data from the following Lead Providers may be subject to revision in future months: **IoW, SCAS, LCW, Vocare, LAS, BrisDoc, DHU**. Comments about specific data items affected by this change are listed below where provided.

- **Care UK**: In **West Midlands**, the full face to face element of the IUC service is not provided, they do not use elements such as accepting calls from Ambulance Service and are unable to map Service Advisor activity to all disposition types. A full IUC Service is not yet in place in **Outer NW London**, **Hillingdon** and **Gloucestershire**. **NE Essex & Suffolk** and **Surrey Heartlands** do not use elements such as accepting calls from Ambulance Service, are unable to map Service Advisor activity to all disposition types and are still working on the face to face element of the IUC service.

- **Herts Urgent Care (HUC):** Double-counting in final dispositions has been removed this month, resulting in some large changes to the figures for 111 Health Advisors, 111 Clinicians and CAS/ OOH GPs. A small amount of double-counting still exists in Non-Pathways Clinical input dispositions which should be resolved next month.

- **NEAS**: Reporting has been disrupted following the implementation of a new integrated CAD system, resulting in incomplete data, mainly affecting clinician interactions.

Comments about quality of data used in KPIs

KPI	Lead Data Provider	Comment
1	BrisDoc	Resourcing issues within Care UK have affected service. They are in a programme of change and hope to be on a better footing by Oct/Nov.
	Dorset HealthCare	Analysis of call answering performance has shown that as the call answering performance falls the abandonment rate increases.
	LAS	Drop in performance reflects the weekend when the Adastra system crashed. More calls were abandoned in more than 30 sec during that weekend than in the whole month of June for both sites.
	SECAmb	Heatwave volumes in the last week of the month effected performance.
2	BrisDoc	Resourcing issues within Care UK have affected service. They are in a programme of change and hope to be on a better footing by Oct/Nov.
	Dorset HealthCare	Fall in service levels are due to resourcing gaps at key times particularly around periods of high demand which pulls the overall performance down. As our Clinical queues grow we have to comfort call those Patients waiting for call backs which requires abstracting Health Advisors to make these calls further impacting of the Call Answering performance.
	HUC	Decrease since last month is due to understaffing.
	LAS	Drop in performance is due to the weekend crash of the Adastra system.
3	BrisDoc	Resourcing issues within Care UK have affected service. They are in a programme of change and hope to be on a better footing by Oct/Nov.
	IoW	Denominator includes all offered call backs (including for Dx46 82,96) by (111) Clinical Advisors - plus DoS referrals to PHL, DAS and Pharmacist (CAS Clinicians services) - as all of these will receive a call from a Clinician.
	LAS	The service runs a minimum target of 15 mins so we expect the number of call backs in 10 mins to be low considering the target is for a 15 min call back as per both contracts.
4	IoW	Awaiting IUC service development by commissioners and for local services to be categorised correctly in DoS service types.
5	Dorset HealthCare	Figures for ADC114 & ADC113 in previous months were lower than expected.

Source: Integrated Urgent Care Aggregate Data Collection (IUC ADC), NHS England

	IoW	Awaiting IUC service development by commissioners and for local services to be categorised correctly in DoS service types. Any figures reported will be for mainland UTC - we are NOT able to 'book appointments' into mainland services. Reporting to extract 'booked appointments' is still to be developed (currently not high priority as 'UTC' not locally set up yet).
6	NWAS	We have no way of checking if an ambulance has been re-valuated once it has been passed to the 9's. We do not revalidate ambulances.
	SECAmb	We have moved to a different validation procedure this month (aligned with NHSE guidelines) so figures are more accurate than in previous months.
7	Dorset HealthCare	Nothing provided for ADC 100 due to a data quality issue in new IT system.
	NWAS	Information not collected on ED revalidation.
10	IoW	Now including all DoS referrals to Dos service type 'Pharmacist Urgent Prescription' - so that we pick up referrals to NUMSAS/PURM services locally and in other regions.
12	IoW	Numerator includes the time period from 'call connect' to the time 'final disposition reached' within the 111 environment only. Unable to extend this to include the times of the assessment outcomes with our local or remote IUC CAS services at this time. Denominator appears to show that we are triaging more calls than we are taking due to problems with calling 111 through the 'Starline' process from Hand portable radios when being used as phones.
13	Dorset Healthcare	No data provided for ADC 128, 129, 138 & 139 as data split between two IT systems; new IT system will enable recording of all four items from Q2.
	IoW	Unable to report - Awaiting IUC service development by commissioners and for services to be categorised correctly in DoS service types.
	LAS	1 hour requirement not in the SE London contract.
	NWAS	Unable to provide data. We do not receive any feedback once the patient has been referred on.
14	IoW	Unable to report - Awaiting IUC service development by commissioners and for services to be categorised correctly in DoS service types.
	LAS	1 hour requirement not in the SE London contract.
	NWAS	Unable to provide data. We do not receive any feedback once the patient has been referred on.
15	IoW	Denominator appears to show that we are triaging more calls than we are taking due to problems with calling 111 through the 'Starline' process from Hand portable radios when being used as phones.

Source: Integrated Urgent Care Aggregate Data Collection (IUC ADC), NHS England

Comments about quality of other data items

Data Item	Lead Data Provider	Comment
4 to 8	SCAS	Pro-rata Calls answered by Calls Triaged by Skillset.
7 to 8	NWAS	No other staff type answers front end calls.
9	LAS	Not applicable in SE London.
	NWAS	We do not receive ambulance calls.
11 11	IoW	IUC 'walk in' counts are not currently included as IOW 'IUC Treatment Centre' is not currently as per IUC specification. We anticipate that we will be able to include IUC Treatment Centre walk-ins from October.
	NWAS	We do not count unscheduled IUC attendances.
	SCAS	We don't have any of these.
19	SCAS	Figures provided using definition in 5.22 NHS 111 MDS as not available in Adastra reports.
22	IoW	We are currently using the cohort as per item 19 for reporting this metric in the spirit of IUC reporting. This includes cases where a warm transfer is NOT 'required' - Dx46, Dx82 and Dx96 - and a less urgent call back is required. The inclusion of call backs for these Dx codes skews the figures compared to 111 MDS metrics. We cannot include 'remote CAS' clinician call backs at this time, as this data is not currently available to us. We are also having some issues extracting the clock stop time status (*when the clinician first attempts calling back*). Until we have resolved this we are using the triage start time for the 111 clinician ('pathways clinical advisor start time'). Discussion and development of processes and data sharing between the IUC CAS services to obtain '*when the clinician first attempts calling back'* time status for our remote CAS services is ongoing.
25	SCAS	Known data issue – will be amended in future revision.
29	NWAS	No other distinguishable staff type.
31 to 33	NWAS	Staff types not available at NWAS111.
32	SCAS	Null.
32 to 35	IoW	Null returns as these clinician types are not part of our CAS.
35	NWAS	Paramedic Staff type not distinguishable.
	SCAS	Null.
36	NWAS	Staff type not available at NWAS111.
	SCAS	Null.
37	NWAS	Pharmacist Staff type not distinguishable.
39	IoW	Only includes calls transferred to 111 Clinical Advisors as they are currently the only clinicians that handle a live/warm transfer.
42	LAS	Unable to extract data for SE London and NE London.
	NWAS	Service not offered - Clinical advice is only given by a clinician.

Source: Integrated Urgent Care Aggregate Data Collection (IUC ADC), NHS England

44 to 56	IoW	Nil return as no 'service advisor' staff type employed in IOW IUC CAS.
45 to 48	NWAS	SA's cannot offer these dispositions.
51 to 52	NWAS	SA's unable to recommend these services through triage.
56	NWAS	SA's unable to recommend other services through triage.
62	NWAS	Shift due to ETTO.
67	NWAS	Reduction due to ETTO.
83 to 95	IoW	Working on collating 'outcome' data from 'remote' CAS services (PHL and DAS). Local 'CAS Pharmacist' outcomes are now included.
92	NWAS	Zero output.
97 to 98	NWAS	Information not collected.
100 to 101	NWAS	Information not collected.
105	NWAS	Not recorded.
108	IoW	No direct booking into in hours GP services yet.
	LAS	This service not active yet in NE London.
115	NWAS	Information not fed-back or collected from UTC.
118	SCAS	NULL. Cannot get this data yet. Work needs to happen with our CAS.
120 to 140	IoW	Unable to report - Awaiting IUC service development by commissioners and for services to be categorised correctly in DoS service types.
	NWAS	Information not fed-back or collected.
	SCAS	NULL. Cannot get this data yet. Work needs to happen with our CAS.

Source: Integrated Urgent Care Aggregate Data Collection (IUC ADC), NHS England