Data Quality - IUCADC August 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

- 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.

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

- The IUC ADC specification was amended in July to clarify that calls should only be counted once in data items 44 to 95 and be attributed to the staff type that handled the final disposition within the service. We are aware that some double-counting is continuing while systems are aligned to this revised guidance.

- Dx code mapping guidance was revised in September which may affect data items 20-21, 45-56, 58-69, 71-82 and 96.

Comments about quality of data used in KPIs

KPI	Lead Data Provider	Comment
4	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 IUC TC/UTC services - we are NOT able to 'book appointments' into mainland services.
	NWAS	Date item 109 includes all GP OOH, bookable and non-bookable excluding NUMSAS due to the new direct booking estimation. Data item 110 calculated using methodology agreed with Blackpool Commissioners (4177 Directly booked by NWAS 111 + 8999 estimate). For example, the total referrals to provider, multiplied by estimated percentage, equals the approximate referrals to a face to face appointment.
5	Dorset HealthCare	DoS not picking up UTCs.
	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 do not revalidate ambulances dispositions.
7	Dorset HealthCare	No data for ED revalidations currently recorded.
	NWAS	Information not collected on ED revalidation.
10	SCAS	Data item 118 is NULL. Cannot get this data yet. Work needs to happen with the CAS.
13	Dorset Healthcare	Data split between two IT systems and can't combine.
15	NWAS	Includes estimates for clinical contacts relating to external clinicians/referrals.

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	SECamb	N/A
7 to 8	NWAS	No other staff type answers front end calls.

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

9	NWAS	We do not receive ambulance calls.
10	NWAS	IUC CAS only.
11	NWAS	We do not count unscheduled IUC attendances.
	SCAS	We don't have any of these.
15 to 16	SECAmb	Unavailable this month.
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.
24	IoW	Includes all relevant 111 calls but not all telephone calls come in via 111 designated lines. We therefore appear to be triaging more calls than we are taking. There are problems with calling 111 through the 'Starline' process from Hand portable radios when being used as phones.
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.
33	SECamb	N/A
34	NWAS	Includes estimates for clinical contacts relating to external clinicians/referrals. Estimation - 18141 known NWAS CA, 40901 unknown.

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

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.
	SECamb	N/A
38	NWAS	MTS clinician at NWAS.
	SECamb	N/A
39	IoW	Only includes calls transferred to 111 Clinical Advisors as they are currently the only clinicians that handle a live/warm transfer.
42	NWAS	Service not offered - Clinical advice is only given by a clinician.
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.
57 to 58	IoW	Uses v15 Dx code mapping for these data items.
62	NWAS	Shift due to ETTO.
67	NWAS	Reduction due to ETTO.
80	SECAmb	Zero volume from August onwards as no longer operating clinical contact on an indirect basis.
83	SECAmb	N/A
83 to 95	IoW	Working on collating 'outcome' data from 'remote' CAS services (PHL and DAS). Local 'CAS Pharmacist' outcomes are included.
95	SECAmb	N/A
97 to 98	NWAS	Information not collected.
100 to 101	NWAS	Information not collected.
105	NWAS	Not recorded.
106	NWAS	5113 Directly booked by NWAS 111, 8999 are estimated based on measure as agreed with Blackpool Commissioners. For example, the total referrals to provider, multiplied by estimated percentage, equals the approximate referrals to a face to face appointment.

108	IoW	No direct booking into in hours GP services yet.
115	NWAS	Information not fedback or collected. Work in Progress.
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 the CAS.
126 to 140	Dorset Healthcare	Data split between two IT systems and can't combine.