

Data Quality - IUCADC September 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. Where figures reflect activity by more than one IUC service provider, there may be wide variation in the underlying performance of individual parts of the service.

This document sets out lead data providers' comments about the quality of data supplied, including reasons for changes since last month.

General Comments

- The development of a new ADC reporting package in the Adastra Clinical Patient Management System may have resulted in some changes to data this month. Previous months' data from the following Lead Providers may therefore be subject to revision in future months: **IoW, SCAS, LCW, LAS, BrisDoc, DHU**. Comments about specific data items affected by this change are listed below where provided.
- **Vocare** are still experiencing issues with the new reporting package in Adastra. This month they were able to provide telephony data only plus the data supplied from Devon Doctors. Impacts data for the following contract areas: **Staffordshire, South West London, Cornwall, Devon and BaNES, Wiltshire & Swindon**.
- In April 2019 an IVR (Interactive Voice Response) was introduced in the **Yorkshire & Humber** contract area to redirect Dental calls for patients over the age of 5 to a new provider. Dental calls account for around 10% of Y&H NHS111 calls. This is the first month that data for Yorkshire & Humber includes dental activity therefore performance is not comparable to earlier time periods. NECS are still working through validation with local service providers and will provide any updates / commentary in future submissions if there are subsequent changes.
- **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 may be continuing while systems are aligned to this revised guidance.

Comments about quality of data used in KPIs

KPI	Lead Data Provider	Comment											
1	NEAS	<p>Abandoned calls rose in September for several reasons:</p> <ul style="list-style-type: none"> - Increased rate of staff absence due to sickness meant fewer call takers available. - Incidents on Teesside (steelworks) caused an increase in 999 calls and staff were temporarily diverted from 111 calls to handle 999 instead. - Several national contingencies where NEAS fielded calls from other UK areas, which increased the number of inbound calls and therefore had a knock-on effect to more calls being abandoned. 											
	NECS	<p>9.8% calls abandoned rates indicative of increase number of calls abandoned in dental pathway. Commissioners and providers are working together to address this. Breakdown of underlying figures by service provider is:</p> <table border="1"> <thead> <tr> <th>Publisher</th> <th>Q001</th> <th>Q013</th> </tr> </thead> <tbody> <tr> <td>YAS</td> <td>126K</td> <td>2K</td> </tr> <tr> <td>LCD (Dental)</td> <td>25K</td> <td>12K</td> </tr> <tr> <td>TOTAL</td> <td>151K</td> <td>14K</td> </tr> </tbody> </table> <p>GP OOH figures are not included this month because of potential duplication. NECS are working with WY OOH service for the provision of patient identifiable data which they will then use to validate and remove duplication.</p>	Publisher	Q001	Q013	YAS	126K	2K	LCD (Dental)	25K	12K	TOTAL	151K
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YAS	126K	2K											
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4	NECS	Figures for Dental activity are excluded from the numerator as this breakdown is unavailable.
	NWAS	Date item 109 includes all GP OOH, bookable and non-bookable, excluding NUMSAS due to the new direct booking estimation. Data item 110 includes 3978 GP Extended Directly booked by NWAS 111, 7881 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. Data item 111 includes IUC, MIU & WIC Service Type.
5	NECS	Figures for Dental activity are excluded from the numerator as this breakdown is unavailable.
	NWAS	Data item 113 includes UTC & UCC Service Type.
6	NWAS	No feedback given on ambulance revalidation, information not collected.
7	NWAS	Information not collected on ED revalidation.
15	NECS	GPOOH figures are not included this month because of potential duplication. NECS are working with WY OOH service for the provision of patient identifiable data which they will then use to validate and remove duplication.
	NWAS	Numerator based on definition in weekly 111 MDS 5.22 Calls to a clinician.

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	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.
14 to 15	NECS	Figures for Dental activity are included in the total (item 13) but the detailed breakdown cannot be provided.
17	Dorset HealthCare	Dorset Healthcare are taking over the NHS111 service from SWAST in April 2020. Not anticipating significant improvements in call answering times until then.
19	SCAS	Figures are based on definitions used previously in IUC MDS and made up of Calls Referred to Clinicians & Speak/Contact Primary care.
25	SCAS	This figure is incorrect as SA triage HCP/Dental and RP without referring to HA or CA – will be amended in future revision.
29	NWAS	No other distinguishable staff type.

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

31 to 33	NWAS	Staff types not available at NWAS111.
32	SCAS	Null.
33	SECamb	N/A
34	NWAS	Includes estimates for clinical contacts relating to external clinicians/referrals. Estimation - 17480 known NWAS CA, 39606 unknown.
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.
38	NWAS	MTS clinician at NWAS.
42	NWAS	Service not offered - Clinical advice is only given by a clinician.
44	BRISDOC	Figures currently inflated by inclusion of those calls that are sent to the CAS that are also counted in item 83 (ie, whose final dispositions were by non-pathways clinicians). Will be implementing changes from October 2019 data onwards to remove those that are being double counted and will be updating previous submissions when there is an opportunity to.
	IoW	Figures are inflated by including cases that move into the IUC CAS environment (ie double counting calls included in item 83) because the case has already reached a FINAL Dx code in 111 before it moves into the CAS (local or remote), via the DoS, and with a new Case reference. Will need more work to put right in future.
45 to 48	NWAS	SA's cannot offer these dispositions.
51 to 52	NWAS	SA's unable to recommend these services through triage.
55	NWAS	SA's unable to recommend self-care through Triage.
57	BRISDOC	Figures currently inflated by inclusion of those calls that are sent to the CAS that are also counted in item 83 (ie, whose final dispositions were by non-pathways clinicians). Will be implementing changes from October 2019 data onwards to remove those that are being double counted and will be updating previous submissions when there is an opportunity to.
	DHU	Reduction in figures this month is due to fixes to remove double counting of cases that had flowed into urgent care services.
	IoW	Figures are inflated by including cases that move into the IUC CAS environment (ie, double counting calls included in item 83) because the case has already reached a FINAL Dx code in 111 before it moves into the CAS (local or remote), via the DoS, and with a new Case reference. Will need more work to put right in future.

70	BRISDOC	Figures currently inflated by inclusion of those calls that are sent to the CAS that are also counted in item 83 (ie, whose final dispositions were by non-pathways clinicians). Will be implementing changes from October 2019 data onwards to remove those that are being double counted and will be updating previous submissions when there is an opportunity to.
	DHU	Reduction in figures this month is due to fixes to remove double counting of cases that had flowed into urgent care services.
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	NECS	Data refers to YAS services only. LCD unable to provide figures for calls received via the 111 telephony into Dental services this month.
71 to 82	NECS	Figures for Dental activity are included in the total (item 70) but the detailed breakdown cannot be provided.
76	NECS	Data refers to YAS services only. LCD unable to provide figures for calls received via the 111 telephony into Dental services this month.
80	SECAmb	Zero volume from August onwards as no longer operating clinical contact on an indirect basis.
98	NECS	YAS are still working on the scripts to produce this measure.
	NWAS	No feedback given on ambulance revalidation, information not collected.
101	NECS	YAS are still working on the scripts to produce this measure.
	NWAS	Information not collected.
105	NWAS	Not recorded.
106	NWAS	4796 Directly booked by NWAS 111, 7881 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	NECS	Figures for Dental activity are included in the total (item 106) but the detailed breakdown cannot be provided.
115	NECS	Figures for Dental activity are included in the total (item 106) but the detailed breakdown cannot be provided. Q115 = Q106 as no DoS is used to book appointments. There is discrepancy between Q106 and total calls answered as LCD cannot distinguish between incoming calls and cases from 111 Online or ITK transfers from 111 Medical. This will be resolved for Oct-19 reporting.
	NWAS	Information not fed-back or collected. Work in Progress.
120 to 140	NWAS	Information not fed-back or collected. Work in Progress.
	SCAS	NULL. Cannot get this data yet. Work needs to happen with the CAS.

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