

## Data Quality - IUCADC October 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 CAS and IUC unit at **Dorset HealthCare** switched over to a new system (SystemOne) at 2pm on 14 October. Some figures from that date are unreliable so have been excluded from this month's ADC pending further investigation.
- **Vocare** are experiencing issues with a new reporting package in the Adastra Clinical Patient Management System. This month they were able to provide telephony data only. Impacts data for the following contract areas: **Staffordshire, South West London, Cornwall, and BaNES, Wiltshire & Swindon.**

### Comments about quality of data used in KPIs

KPI	Lead Data Provider	Comment
3	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
	LCW	Issues with Adastra system reports mean there is a mismatch between cases which require call back and the cases being marked as being called back within 10mins.
4	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
5	Dorset HealthCare	Unable to provide data - DoS & Appts not being picked up.
6	Dorset HealthCare	No data in numerator from SWAST after 13 <sup>th</sup> October.
7	Dorset HealthCare	No data in numerator from SWAST after 13 <sup>th</sup> October.

	DHU	Around May/June a new process was introduced which took time to embed into our 111 staff's processes to ensure that they were correctly selecting ED Validation for Northamptonshire. In recent months there has been more training and a push on ensuring that they are using this correctly. This is likely to account for increases month on month since May.
8	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
9	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
10	Devon Doctors	Unable to provide numerator items (118 + 119) for Devon contract area. System was generating incorrect numbers causing the KPI to return a value in excess of 150%. Devon Doctors looking into correcting the count (they are currently working on rebuilding their data reporting tools) in future but unable to do so this month.
	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
11	Devon Doctors	Reporting system generating data that is falsely increased. Will correct in a future revisions window.
	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
	IC24	Previously we were only looking at the last search returned from DoS. Due to updates in our CMS we are now able to look at all searches returned by DoS and the return number is now the sum of the calls flagged as 1 if any of the returns from DoS is an ED catch-all only. We have tracked down the error and are now producing accurate numbers, but the Percentages are still a few percent higher than the National average. We are counting all DoS searches that return only ED (Catch All), 1 per call. If we look at only where an ED (Catch All) was the chosen DoS option, then the percentages align more with the National Average.
12	DHU	Increase in average call time for Milton Keynes is likely to be due to operational change. The CAS has started doing MK clinical triage; previously those would have been fairly quick calls that are referred out but now the clinical re-triage, which would be longer, will be included.
	Dorset HealthCare	The previous SWAS process for call handling time was much longer than it should be, including GP time on OOH calls.

	LCW	Denominator - Number of calls where person triaged is affected by issues in Adastra reporting system: <input type="checkbox"/> unable to account for points a) and d) for NHS England's definition of triaged, therefore it is assumed that this criteria is met. <input type="checkbox"/> If a case goes through Pathways Module Zero or the Critical Questions in Odyssey then a call is counted as Life Threatening conditions are addressed during the call, therefore meeting the criteria for definition point b) <input type="checkbox"/> For non-pathways triages we regard the outcome as a disposition, however, this cannot be directly mapped to the dispositions-based data items due to the level of customisation, and dynamic configuration. Due to this we are able to capture that the consultation has been performed but we currently have to map those consultations to the other category.
13	Dorset HealthCare	Unable to provide numerator data this month.
14	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
15	Dorset HealthCare	No numerator data from SWAST after 13 <sup>th</sup> October.
	LCW	Denominator - Number of calls where person triaged is affected by issues in Adastra reporting system: <input type="checkbox"/> unable to account for points a) and d) for NHS England's definition of triaged, therefore it is assumed that this criteria is met. <input type="checkbox"/> If a case goes through Pathways Module Zero or the Critical Questions in Odyssey then a call is counted as Life Threatening conditions are addressed during the call, therefore meeting the criteria for definition point b) <input type="checkbox"/> For non-pathways triages we regard the outcome as a disposition, however, this cannot be directly mapped to the dispositions-based data items due to the level of customisation, and dynamic configuration. Due to this we are able to capture that the consultation has been performed but we currently have to map those consultations to the other category.

### Comments about quality of other data items

Data Item	Lead Data Provider	Comment
2	Dorset HealthCare	Null.
4	Dorset HealthCare	Null.
4 to 8	SCAS	Pro-rata Calls answered by Calls Triaged by Skillset.
6	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
7 to 8	NWAS	No other staff type answers front end calls.
7 to 9	Dorset HealthCare	Null.

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

9	NWAS	We do not receive ambulance calls.
10	NWAS	IUC CAS only.
10 to 11	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
11	NWAS	We do not count unscheduled IUC attendances.
	SCAS	We don't have any of these.
14 to 16	NECS	LCD Dental do not have the ability to breakdown calls Q014-Q016.
17	NWAS	There has been an increase in expected demand, followed by staffing issues which has caused the average call wait to spike. Within next month's submission, you can expect to see similar spikes as the demand and staffing issues have continued.
19	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
	SCAS	Figures are based on definitions used previously in IUC MDS and made up of Calls Referred to Clinicians & Speak/Contact Primary care.
22 to 23	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
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.
25 to 31	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October
29	NWAS	No other distinguishable staff type.
30	NWAS	Data supplied in accordance with definition 5.22 Calls to a Clinician in NHS 111 MDS.
31 to 33	NWAS	Staff types not available at NWAS111.
31 to 38	NECS	LCD Dental do not have the ability to breakdown calls Q031-Q038.
32	SCAS	Null.
32 to 33	Dorset HealthCare	Null.
34	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
	NWAS	Includes estimates for clinical contacts relating to external clinicians/referrals. Estimation - 17012 known NWAS CA, 39875 unknown.
35	NWAS	Paramedic Staff type not distinguishable.
	SCAS	Null.
35 to 36	Dorset HealthCare	Null.
36	NWAS	Staff type not available at NWAS111.
	SCAS	Null.
37	NWAS	Pharmacist Staff type not distinguishable.
37 to 41	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
38	NWAS	MTS clinician at NWAS.

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

42	Dorset HealthCare	Null.
	NWAS	Service not offered - Clinical advice is only given by a clinician.
43	Dorset HealthCare	No data from SWAST after 13th October.
44	BRISDOC	We are aware that due to the definition updates there is double counting for items 44, 57 and 70. These currently include those that are sent to the CAS that are also counted in item 83. Therefore, items 44, 57 and 70 are higher as they include those whose final dispositions were by non-pathways clinicians. We will be implementing changes going forward (November 2019 data onwards) to remove those that are being double counted and will be updating previous submissions when there is an opportunity to.
	NECS	LCD Dental: currently seeking advice from NHSE on whether activity in Q115 should also be included in Q044.
44 to 56	Dorset HealthCare	Null.
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	We are aware that due to the definition updates there is double counting for items 44, 57 and 70. These currently include those that are sent to the CAS that are also counted in item 83. Therefore, items 44, 57 and 70 are higher as they include those whose final dispositions were by non-pathways clinicians. We will be implementing changes going forward (November 2019 data onwards) to remove those that are being double counted and will be updating previous submissions when there is an opportunity to.
	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
61	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
63	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
66 to 95	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
70	BRISDOC	We are aware that due to the definition updates there is double counting for items 44, 57 and 70. These currently include those that are sent to the CAS that are also counted in item 83. Therefore, items 44, 57 and 70 are higher as they include those whose final dispositions were by non-pathways clinicians. We will be implementing changes going forward (November 2019 data onwards) to remove those that are being double counted and will be updating previous submissions when there is an opportunity to.

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

83	NECS	LCD GPOOH = Total ADC84 - 95. LCD Dental: Currently seeking advice from NHSE on whether activity in Q115 should also be included in Q083.
87	NECS	LCD GPOOH: taken as all PCC and HV cases, rest are all cases closed over the phone after clinical triage.
97-98	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
	NWAS	No feedback given on ambulance revalidation, information not collected.
98	NECS	Time is not captured by YAS or LCD.
100	Dorset HealthCare	Data issue in Adastra & no data from SWAST after 13 <sup>th</sup> October.
100 to 101	NWAS	Information not collected.
101	NECS	Time is not captured by YAS or LCD.
101 to 112	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
105	NWAS	Not recorded.
106	NWAS	4712 Directly booked by NWAS 111, 13115 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.
109	NWAS	All GP OOH included, bookable and non-bookable excluding NUMSAS due to the new direct booking estimation.
110	NWAS	3865 GP Extended Directly booked by NWAS 111, 13115 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.
111	NWAS	IUC, MIU & WIC Service Type.
113	NWAS	UTC & UCC Service Type.
113 to 115	Dorset HealthCare	Unable to provide data - DoS & Appts not being picked up.
115	NWAS	Information not fed-back or collected. Work in Progress.
117	NWAS	Total prescription medication, calls ending in dx80, 85, 86 and 87.
117 to 125	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.
	NWAS	Calls ending in dx80, 85, 86 and 87 which are not NUMSAS.
	SCAS	NULL. Cannot get this data yet. Work needs to happen with the CAS.
119	NWAS	Calls ending in dx80, 85, 86 and 87 which are NUMSAS.
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.
126 to 130	Dorset HealthCare	Unable to provide data this month.
131 to 135	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.

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

136 to 140	Dorset HealthCare	Unable to provide data this month.
141	Dorset HealthCare	No data from SWAST after 13 <sup>th</sup> October.