

Data Quality - IUCADC April 2019

IUC ADC data for April 2019 were revised on 13 December 2019 in line with NHS England Analytical Service team's <u>revisions policy</u>. Some comments in this document will no longer be relevant where they refer to figures that have changed since first publication in June 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 deployment of a new ADC reporting package in the Adastra Clinical Patient
 Management System has 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.
- Dorset HealthCare: Transitioning to new IT system during April to June all figures should be treated with caution during this time
- IC24 / HUC: Contractual arrangements in West Essex changed at 10am on 1st April.
 While HUC are shown as Lead Provider for West Essex, figures include data provided by IC24 relating to activity in the 10 hours before the new contractual arrangements were in place.
- **NEAS**: Reporting has been disrupted following the implementation of a new integrated CAD system, resulting in incomplete data, mainly affecting clinician interactions.
- Vocare: All figures are subject to change pending move to new reporting methods. Data for SW London in particular is likely to be under-reported and should be used with caution.



Comments about quality of data used in KPIs

KPI	Lead Data	Comment
	Provider	
1	Not	Some providers may have submitted data using the NHS 111 MDS definition
	known	for the number of abandoned calls. This definition (NHS 111 MDS 5.6)
		includes a 30 second grace period following calls being queued for an advisor
		which has been removed from the corresponding data item 13 in IUC ADC.
		Guidance will be updated to clarify this change in future months.
3	HUC	Excludes consultations by the CAS
	IoW	Numerator only includes those transfers which 'required' a warm transfer
	SCAS	Not clear how denominator has been calculated in system – to be investigated
	0 1116	and revised in later months.
	Care UK	Direct Appointment Booking not yet enabled
	DHU	Limited access to Direct Booking in Northamptonshire and Nottinghamshire
	IC24	Data missing due to system issues; to be provided in future months
4	loW	Unable to report - awaiting IUC service development by commissioners and
4	0040	for local services to be categorised correctly in DoS service types
	SCAS	Issue with data item 111 – to liaise with system supplier and provide revised
	0504	figures.
	SECAmb	Currently no booking functionality to these service types.
	Vocare	Cornwall does not have direct booking capability
	Care UK HUC	Direct Appointment Booking not yet enabled
5	пос	Direct booking not yet enabled in Cambridgeshire, other areas have limited
3	IC24	coverage. Data missing due to system issues; to be provided in future months
	IoW	UTC not set up locally yet
	Vocare	Cornwall does not have direct booking capability
	Vocaro	SW London has no services directly booked that fall under UTC
6	NWAS	Numerator information not collected.
	SECAmb	No data available for numerator
7	IC24	ED validation not yet implemented
	NWAS	Numerator information not collected.
	SECAmb	No data available for numerator
9	SECAmb	No data has been input to Q027 or Q028 as metrics interpreted as relating to
		"initial triage" by a clinician, which is zero.
	IOW	Currently unable to report on data item 118
10	SCAS	Cannot get data for item 118 yet. Work needs to happen with the CAS.
	Vocare	Figures for Devon and Staffordshire transposed in error. Details should be:
		ADC117 ADC118 ADC119
		Staffordshire 111AF4 1130 343 290
		Stationastilic FFFA1 4 FF6
		Devon 111AF2 421 8 113
11	Vocare	We are striving to eliminate "catch all" from DoS returns, so a low number or NULL for BaNES, Wiltshire & Swindon is expected
	loW	Incomplete data for numerator - figures supplied exclude all IUC CAS services except pharmacist
12	SCAS	Denominator generated by system is higher than expected – to be
		investigated and revised in later months.
	Vocare	Currently can't report item 23 for SW London
	YAS	Not currently available from systems

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

	Care UK	Data incomplete - missing data relating to follow-on services
14	IoW	Unable to report - awaiting IUC service development by commissioners and
		for services to be categorised correctly in DoS service types
	YAS	Nil return as don't do any face to face consultations
15	SCAS	Denominator generated by system is higher than expected – to be
		investigated and revised in later months.

Comments about quality of other data items

Data Item	Lead Data	Comment
	Provider	
4 to	HUC	Only Health Advisors and Clinical Advisors triage incoming calls within NHS 111
8	NWAS	Data items 7 & 8 - no other staff type answers front end calls
	SCAS	Pro-rata Calls answered by Calls Triaged by Skillset
5	HUC	Known error with data for Hertfordshire; to be revised.
9	NWAS	Nil return - we do not receive ambulance calls.
22	loW	Systems currently unable to capture these figures to exact specification – likely to be over-reported
29	NWAS	No other distinguishable staff type.
	loW	Nil return for those clinician types that are not currently part of the CAS
31 to	NWAS	Staff types in 31, 32, 33, 36 not available at NWAS111; staff types in 35 & 37 not distinguishable
38	SCAS	Nil return – No calls assessed by an advanced nurse practitioner (item 32), paramedic (item 35), dental nurse (item 36).
39	loW	Calls transferred to 111 Clinical Advisors only 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.
	loW	Nil return as no 'service advisor' staff type employed in IOW IUC CAS
44 to 56	NWAS	Nil return for 45-48, 51, 52, 56 - service advisors unable to offer or recommend these services.
44 to	Not	Providers have pointed out that wording in specification is ambiguous
69	known	and may have resulted in double counting the same call activity
		(disposition) by Service Advisors and Health Advisors where these are
		subsequently passed to a Clinical Advisor or non-Pathways
		clinician. The wording in the ADC specification for items 44, 57, 70 and
		83 will be amended to make this clearer for future months.
47	SCAS	Currently unable to report
83 to	loW	Unable to report on data from 'remote' CAS services
95	SCAS	Currently unable to report item 86
105	NWAS	Not recorded.
108	loW	No direct booking into in hours GP services yet
115	NWAS	Information not fedback or collected from UTC.
	Devon	Data items 132 & 137 - we had very few required within 1 hour and
120	Doctors	were able to see people who were required within 2 & 6 hours in the
to		first hour.
140	loW	Unable to report - Awaiting IUC service development by commissioners and for services to be categorised correctly in DoS service types
	NWAS	Information not feedback or collected
	SCAS	Cannot get this data yet. Work needs to happen with the CAS.