Data Quality - IUCADC December 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 (SystmOne) in October. This month's return contains some know quality issues while testing is ongoing.

- **Vocare** continue to experience 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.**

- **Devon Doctors** will be resubmitting **Somerset** data in the next revisions window once they have thoroughly tested and implemented changes resulting from move to a new template and methodology.

Comments about quality of data used in KPIs

KPI	Lead Data Provider	Comment
1	Care UK	December was a busy period. We saw a lot of volume from churn – people hanging up and redialling – which would have pushed up the abandonment rates.
2	Vocare	The call volumes offered for each service increased significantly compared to November which has had an adverse effect on all performance.
3	Dorset HealthCare	Affected by system issue highlighted in general comments. Report development required as not picking up all data from two systems.

	HUC	Cambridgeshire & Peterborough – decrease may be due to latest report being new two weeks ago and has a few problems, which we are still trying to iron out, especially SystmOne reporting.
	NWAS	The call back in 10 minutes has dropped due to current clinical staffing levels.
4	Dorset HealthCare	Affected by system issue highlighted in general comments. Report development required as not picking up all data from two systems.
	HUC	Cambridgeshire & Peterborough – decrease may be due to latest report being new two weeks ago and has a few problems, which we are still trying to iron out, especially SystmOne reporting.
5	DHU	Lincolnshire: increase in numerator and denominator due to a Louth based UTC 'switched on' for direct bookings in December.
	Dorset HealthCare	Affected by system issue highlighted in general comments. Report development required as not picking up all data from two systems.
6	Dorset HealthCare	Affected by system issue highlighted in general comments. Report development required as not identified the data needed.
	LCW	When there is an increase in activity, clinicians can be requested to assist with front ending calls so validation ceases; this has happened on a number of occasions during the month so less calls have been validated. The other reason for validation reduction is that it can be ceased because of increased activity, when the call-back queue reaches a certain amount the clinical navigators' risk-assess and decide if the validation should stop so that clinical capacity is used for immediate call-backs of patients only.
7	Care UK	ED validation is the first line of validation that we reduce when the clinical queues are under pressure. It makes sense that in December ED validation was considerably less than in November. We received a much-increased call volume in December with the same level of CA staffing. Anecdotally, we know that ED validation was frequently suppressed in December to allow us to keep 999 validation open whilst balancing the risk in the CA queue.
	Dorset HealthCare	Affected by system issue highlighted in general comments. Impact unknown.
	LCW	North Central London: NCL CCG is not commissioning ED validation so cases are not being validated.
	NECS	YAS: Decrease in KPI 7 due to very high demand and impact of Pathways version 18 at the end of November which resulted in increase in Dx02 (Emergency Department Code). We use Vocare to do ED Validations and they don't operate on holidays also we switch off ED validations when we are too busy. This means we had a reduction in the numerator due to holidays and an increase in the denominator due to high demand and Pathways change.
8	Dorset HealthCare	Affected by system issue highlighted in general comments. Impact unknown.
9	Dorset HealthCare	Affected by system issue highlighted in general comments. Report development required as not picking up all data.
	HUC	Cambridgeshire & Peterborough – decrease may be due to latest report being new two weeks ago and has a few problems, which we are still trying to iron out. However, clinician outcomes not through

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

		pathways are always problematic as a GP can tick more than one outcome and we take the highest acuity. For example, the actual advice for something like an ankle injury might be go home and rest it, but if it gets worse go to A&E – this will count as referred to A&E. This is a common problem to Adastra and SystmOne and means ambulance and A&E referrals in particular are likely to be over-reported.
10	Dorset HealthCare	Affected by system issue highlighted in general comments. Impact unknown.
	IC24	Decrease in all area KPIs due to a new process that has been implemented and utilisation of a new module – EPS (Electronic Prescribing Service). We are currently writing this in to our ADC code and will be validating with the anticipation of delivering this metric with this included by January's IUCADC delivery.
11	Dorset HealthCare	Affected by system issue highlighted in general comments. Impact unknown but not expecting data issue.
12	Care UK	Increase in time to telephone assessment outcome affected by Service Advisor redundancies on or around 02/12. Removal of the DSTs would result in many more cases requiring full assessment via HAs. Some other things which might have also contributed: the Early Exit Support Line (non-clinical ambulance checking line) was rolled out across the network in December (prior to this it was trialled in Bristol - implementation date for trial 28/11). Also, if HAs were waiting longer for advice (ops or clinical) than usual – likely because of escalation processes clinically and volume of calls operationally then this would push the triage time up.
	Dorset HealthCare	Affected by system issue highlighted in general comments. Impact unknown but not expecting data issue.
13	Devon Doctors	KPI 13a) - Numerator submitted as zero as correct figure not being pulled through. Mapping will be amended for the next month's submission.
	Dorset HealthCare	Affected by system issue highlighted in general comments. KPI 13a – data not currently available. KPIs 13b/c - report development required as not picking up all data.
	NECS	KPI 13a increase this month is due to very high demand in December - LCD GP OOH. KPI 13c showing reduced performance due to clarification of methodology used to calculate the numerators / denominators (ie, only patients required to be seen in the different timeframes should be counted as being seen in those respective timeframes). The denominators for the numbers requiring to be seen in the various time bands are based on the dispositions from 111, however, the numerators of numbers actually seen within these time bands take into account any changes to prioritisation by LCD, so for example a case may be sent to LCD by 111 with a priority of requiring to be seen in 1 hour but based on the triage / assessment at LCD they only actually need to be seen in say 6 hours. Awaiting clarification from NHS England on whether the denominators for numbers requiring to

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		be seen in the various time bands should be based on the dispositions from 111 or the priority following triage / assessment in GP OOH.
14	Devon Doctors	KPI 13a) - Numerator submitted as zero as correct figure not being pulled through. Mapping will be amended for the next month's submission.
	Dorset HealthCare	Affected by system issue highlighted in general comments. KPI 14a – data not currently available. KPIs 14b/c - report development required as not picking up all data.
	NECS	KPI 14a increase this month is due to very high demand in December - LCD GP OOH. KPI 14c showing reduced performance due to clarification of methodology used to calculate the numerators / denominators (ie only patients required to be seen in the different timeframes should be counted as being seen in those respective timeframes). The denominators for the numbers requiring to be seen in the various time bands are based on the dispositions from 111, however, the numerators of numbers actually seen within these time bands take into account any changes to prioritisation by LCD, so for example a case may be sent to LCD by 111 with a priority of requiring to be seen in 1 hour but based on the triage / assessment at LCD they only actually need to be seen in say 6 hours. Awaiting clarification from NHS England on whether the denominators for numbers requiring to be seen in the various time bands should be based on the dispositions from 111 or the priority following triage / assessment in GP OOH.
15	Dorset HealthCare	Affected by system issue highlighted in general comments. Report development required as not picking up all data.

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 16	NECS	LCD Dental do not have the ability to breakdown calls Q014-Q016.
18	NEAS	Data item 18 currently unavailable within system.
19	SCAS	Figures are based on definitions used previously in IUC MDS and made up of Calls Referred to Clinicians & Speak/Contact Primary care.

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24	NECS	LCD Dental: The system used to generate the numbers of triaged calls (item 24) is separate to the system used to generate the final dispositions. A proportion of the calls will not result in being registered as cases, eg, where a caller calls more than once so the final dispositions for items 44 + 57 + 70 + 83 does not equal triaged calls (item 24).
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.
34	NWAS	Includes estimates for clinical contacts relating to external clinicians/referrals. Estimation - 19589 known NWAS CA, 51009 unknown
35	NWAS	Paramedic Staff type not distinguishable.
35 to 36	SCAS	Null.
36	NWAS	Staff type not available at NWAS111.
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	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 to remove those that are being double counted and will be updating previous submissions when there is an opportunity to.
44 to 56	LCW	Figures are under-reported as they exclude service advisors using ACPP.
45 to 48	NWAS	SA's cannot offer these dispositions.
52	NWAS	SA's unable to recommend pharmacist 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 to remove those that are being double counted and will be updating previous submissions when there is an opportunity to.
57 to 69	LCW	Figures are under-reported as they exclude advisors using ACPP.

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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 to remove those that are being double counted and will be updating previous submissions when there is an opportunity to.
70 to 82	LCW	Figures are under-reported as they exclude GPs working in the CAS who do not use the SCM.
87	NECS	LCD GPOOH: taken as all PCC and HV cases, rest are all cases closed over the phone after clinical triage.
97-98	NWAS	No feedback given on ambulance revalidation, information not collected.
98	NECS	Time is not captured by YAS or LCD.
100 to 101	NWAS	Information not collected.
101	NECS	Time is not captured by YAS or LCD.
105	NWAS	Not recorded.
106	NWAS	5575 Directly booked by NWAS 111, 18428 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	4544 GP Extended Directly booked by NWAS 111, 18428 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.
115	NWAS	Information not fed-back or collected. Work in Progress.
117	NWAS	Total prescription medication, calls ending in dx80, 85, 86 and 87.
118	NWAS	Calls ending in dx80, 85, 86 and 87 which are not NUMSAS (NUMSAS no longer in use).
	SCAS	NULL. Cannot get this data yet. Work needs to happen with the CAS.
119	All	From November 2019, as NUMSAS was decommissioned and CPCS established, lead data providers were advised to map urgent medication referrals via CPCS to the NUMSAS data item 119 "Number of calls where a referral to NUMSAS was made for prescription medication". This definition will be changed in the next version of the ADC.
	NWAS	Calls ending in dx80, 85, 86 and 87 which are NUMSAS (NUMSAS no longer in use).
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.

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