Data Quality - IUCADC January 2020

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.**

Comments about quality of data used in KPIs

KPI	Lead Data Provider	Comment
3	LAS	NE London – more than double the amount of call backs were offered this month (item 43). SE London – triple the amount of call backs were offered this month (item 43).
4	Dorset HealthCare	Affected by system issue highlighted in general comments. This will take a few months of staff retraining to correct the data quality because of continual difficulties combining S1 & Adastra data from 5 different reports.
	IoW	Denominator (item 111 IUC TC DoS referrals) – now including all DoS referrals to our services categorised under IUC TC. Numerator (item 112 IUC TC appts booked) – currently reporting nil as the appt booking has not been agreed yet. In previous months, we were only calculating 110/109 (re GP Extended hours) rather than (110+112)/(109+111). By including '111' in the denominator - our performance for KPI 4 drops dramatically from 98.04% + to 4.8%. When we are able to count booked IUC TC

		appointments (into the relevant services) we anticipate that KPI 4 performance will increase to around 50%. We cannot book into mainland UTCs at this time which further affects KPI 4 performance.
5	Dorset HealthCare	Affected by system issue highlighted in general comments. This will take a few months of staff retraining to correct the data quality because of continual difficulties combining S1 & Adastra data from 5 different reports.
	IoW	Denominator (item 113 UTC DoS Referrals) - figures now include mainland and IOW UTC services. Numerator (item 114 UTC) – we are currently not booking appointments into local IOW UTC. We cannot book into mainland UTCs at this time so KPI 5 performance remains at 0%.
7	IoW	The service has been focussing on the validation of ED dispositions throughout January – hence the jump in performance in the numerator (item 100). The IOW will only reach a certain level of ED disposition validation as many of the cases do not get referred to ED. The Island has developed/provided other services that are able to deal with many of the ED disposition outcomes. In other words, we are already avoiding sending the patient to ED. Therefore, if the patient is directed somewhere other than ED – then there is little point is revalidating that case.
10	SCAS	Decrease this month is due to figures being overstated in December. This will be updated in next revisions window.
12	LAS	The increase in the numerator (item 23) is because calls stayed longer in queues especially for call backs by clinicians increasing the average assessment times. Denominator (item 24) looks to be over-reporting as data shows around 5% more triaged calls than final dispositions due to some calls ending on the Adastra system without a final disposition which shouldn't be the case.
	LCW	Average time to answer has been increasing as performance decreased as they are related if the callers remain on the line. The activity has gone up over the period and the agents have not been able to answer the calls in 60secs.
13	HUC	KPI 13b: Cambridgeshire & Peterborough tend to have difficulties with 2-hour Home Visits as the geography (especially around the Fens) can make it extremely difficult to arrive within the allotted time.
14	HUC	KPI 14b: Historic figures may have incorrectly reported some <6hrs as <2hrs; this has been corrected with our new Cambridgeshire & Peterborough dataset.
15	Dorset HealthCare	Affected by system issue highlighted in general comments. This month's decrease likely to be due to issues relating to change (in its many current forms) and running 2 IT systems.
	LAS	Denominator (item 24) looks to be over-reporting as data shows around 5% more triaged calls than final dispositions due to some calls ending on the Adastra system without a final disposition which shouldn't be the case.

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

Comments about quality of other data items

Data Item	Lead Data Provider	Comment
4	Care UK	Care UK no longer employ Service Advisors. Health Advisors, now front-end calls and in extremely busy periods, Clinical Advisors.
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	IoW	We are now set up properly as an IUC/UTC so have identified, calculated and reported the volume of unscheduled attendances for the first time this month.
	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	DHU	Improvements this month in answered in 60 and average answer times were due to over-forecasting calls offered.
19	SCAS	Figures are based on definitions used previously in IUC MDS and made up of Calls Referred to Clinicians & Speak/Contact Primary care.
20	LAS	Increases this month are due to implementation of revised Dx code mapping.
21	LAS	Increases this month are due to the inclusion of DX336 which was not in previous months.
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 - 16998 known NWAS CA, 42672 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

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		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.
	IoW	We have issues with the use of Dx336 (Paramedic requesting call back from Healthcare Professional within 30mins) where cases are ending on this 'mid' code because the cases are not finished in our CAS but are sent outside of the 111 service.
57 to 69	LCW	Figures are under-reported as they exclude advisors using ACPP.
67	NEAS	Recent changes to Dx code mapping mean that figures now exclude some cases triaged by a health advisor and closed after being passed to a clinical advisor pool where the clinical advisor is unable to make contact with the patient (e.g. the patient does not answer the calls). Such calls retain the same Dx code at which it was passed to the clinical advisor, ie showing the health advisor as the staff type that came to the final disposition; the Dx code does not change as there is no further patient contact. This affects cases that result in a disposition that does not have a corresponding ADC category within the Dx code mapping document (because they are effectively interim dispositions) such as Dx32(n). Such cases no longer fit into any of the ADC mapping categories.
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.
	IoW	We have issues with the use of Dx336 (Paramedic requesting call back from Healthcare Professional within 30mins) where cases are ending on this 'mid' code because the cases are not finished in our CAS but are sent outside of the 111 service.

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70 to 82	LCW	Figures are under-reported as they exclude GPs working in the CAS who do not use the SCM.
83 to 95	IoW	We are working on collating 'outcome' data from our 'remote' CAS services (PHL and DAS) - this is still not available. Local 'CAS Pharmacist' outcomes are included.
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	LAS	Increase this month due to issues with calls stacked in the CAS queue for longer periods.
	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	070 Directly booked by NWAS 111, 14574 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	4173 GP Extended Directly booked by NWAS 111, 14574 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	IoW	Ongoing development.
	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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