Data Quality – IUC ADC February 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

- Service levels for all providers in February were adversely affected by demands relating to COVID-19, particularly towards the end of the month. This is reflected in figures showing an increase in call volumes, slower call-answering and more calls abandoned.

- **DHU** have reviewed and improved the way in which data items are being captured. Issues with data submitted previously that have been found and resolved this month include:
  - Logic was incorrect for ensuring the final instance of clinician advice is used – affects clinical advice totals and disposition counts.
  - Grouping for outcome categories were missing some of the outcomes for both urgent care and 111 – affects disposition counts.
  - Staff members were previously appearing in more than one user group - affects clinical advice.
  - Missed group for triage count (pharmacists) – sub counts for triage not totaling to total triage value.

- The CAS and IUC unit at **Dorset HealthCare** switched over to a new system (SystmOne) in October. This month's return contains some known quality issues while testing is ongoing.

Comments about quality of data used in KPIs

KPI	Lead Data Provider	Comment
1	IoW	We have changed our calculations this month to ensure our figures only include those calls abandoned after the specified clock start (definition: "the clock starts at the moment the call is queued to skill set"). We are now allowing 30 seconds for the 111 message; previously we were counting the call as abandoned. When resubmission is available we will resubmit out figures for as many months as possible.

3	Dorset Healthcare	Currently working through some data processing issues which has resulted in under-reporting this month.
	HUC	Due to high demand, we have a COVID-19 queue staffed by Clinicians/ GPs which has distorted figures this month.
	IoW	Throughout most of February the 111 service experienced issues with the 'warm transfer' process within our Adastra system. Call handlers were passing physical telephone calls live to clinicians but the Adastra software would NOT let them record it as a warm transfer. Such calls were therefore logged as 'call backs'. These have been manually amended in reported figures but the 'call back' figure could potentially still be a little high if not all the incorrectly reported 'warm transfers' were identified.
4	IoW	Numerator (item 112 IUC TC appts booked) – currently reporting nil as the appointment 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 90% + to around 5%. 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	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%.
6	BRISDOC	999 validation was suspended in February and is currently still suspended resulting in a decrease of cases that are validated.
	Care UK	Validation was internally suspended from February.
	Dorset HealthCare	Last month's figures (January) were incomplete. February data is a combination of S1 and Adastra figures. The Adastra data is 61% while the S1 data is 15%. The number of ambulance dispositions found in the S1 data was the right proportion when compared to calls. The issue was in those validated which was only 25% of that expected. This is a priority to solve for next month's submission.
7	Care UK	Validation was internally suspended from February.
	IoW	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 in revalidating that case.
8	Dorset HealthCare	The numerator (item 68) includes data from S1 & Adastra for the first time. Increase since 2019 reflects either changes to SWAST practices or the recent review of their IUC ADC reporting.

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

10	HUC	NUMSAS was replaced in November by an enhanced pharmacy service. Figures before then are not directly comparable as HUC now include callers referred to CPCS or Pharm+ for minor illness. There have also been problems referring cases to pharmacies, for example due to lack of qualified staff at weekends.
12	LCW	Call times are taking longer because of the type of calls coming through – COVID-19 related but also because individuals have taken so long to be answered; call time increases to manage the patient experience. More time is taken to ensure the patient has no more queries before disconnect as they cannot easily call-back without a long wait.
15	Care UK	Due to Covid-19 and internal measures to combat the increase in demand, more calls were closed internally by Health Advisors.
	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. Change since last month is because the January figure was from S1 data only. Issues remain with data entry combining data from 2 sources.

Comments about quality of other data items

Data Item	Lead Data Provider	Comment
6	Dorset HealthCare	Increase is likely to be due to a number of new Clinicians who were front ending as Health Advisors as part of their training.
7 to 8	NWAS	No other staff type answers front end calls.
9	NWAS	We do not receive ambulance calls.
10	NWAS	IUC(CAS) unknown, not recorded. In previous months all calls referred to CAS have been incorrectly recorded against this data item.
11	NWAS	We do not count unscheduled IUC attendances.
17	NWAS	Increase due to demand caused by COVID-19.
19-21	HUC	Decrease is because figures for previous months incorrectly included triaged calls from numbers other than 111.
22	NWAS	Increase this month due to COVID-19 demand and staffing issues.
24	Dorset HealthCare	Data supplied using NHS 111 MDS definition 5.11 Number of calls where person triaged
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.
34	NWAS	Includes estimates for clinical contacts relating to external clinicians/referrals. Estimation - 15361 known NWAS CA, 40399 unknown.
35	NWAS	Paramedic Staff type not distinguishable.
36	NWAS	Staff type not available at NWAS111.

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

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.
	Dorset HealthCare	We have no service advisors.
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.
69	NEAS	Figures 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 (eg, the patient does not answer the calls).
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.
83 to 95	Dorset HealthCare	Not currently able to capture non-pathways activity.
	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.

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

97-98	NWAS	No feedback given on ambulance revalidation, information not collected.
100 to 101	NWAS	Information not collected.
105	NWAS	Not recorded.
106	NWAS	4617 Directly booked by NWAS 111, 12797 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	GP Extended hours grouped.
110	NWAS	Proxy and direct bookings moved to IUC as advised.
111	NWAS	IUC, MIU & WIC Service Type.
112	NWAS	3563 Directly booked by NWAS 111, 12797 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.
113	NWAS	UTC 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 PHARM+.
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 PHARM+ (NUMSAS no longer in use).
120 to 140	IoW	Ongoing development.
	NWAS	Information not fed-back or collected. Work in Progress.

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