Data Quality – IUC ADC March 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 March were adversely affected by demands relating to the COVID-19 pandemic. This is reflected in figures showing an increase in call volumes, slower call-answering and more calls abandoned.

- In March, callers who were experiencing symptoms relating to the coronavirus outbreak were directed to COVID-19 Response Centres (CRS) set up specifically to triage calls from patients. Any calls taken by a COVID-19 Response Centre that required further triage by a clinician were handled by South Central Ambulance Service (SCAS) from 5th March. These calls are not included in the IUC ADC return. Local 111 calls to Thames Valley and Hampshire & Surrey Heath were diverted to national contingency during times of high demand on the CRS and were 100% diverted from 12th March.

- HUC systems were not updated to include Coronavirus case types in the IUC ADC so thousands of such cases are excluded from their figures for March. Data will be amended in the next revisions window.

- **Dorset HealthCare** have been switching from Adastra to SystmOne since October. This month's return contains some known quality issues while the transition is ongoing. This month they have identified a data loss issue which means a small proportion of the data for March was not included in their submission. They are investigating the issue and aim to amend their figures during the next revisions window.

- Dx code mapping was amended this month to enable the inclusion of calls that are closed when the clinician's attempts to contact the caller have been unsuccessful. These calls will be included in data items 56, 69 and 82 (number of callers recommended other outcome).

Comments about quality of data used in KPIs

<table>
<tr><th>KPI</th><th>Lead Data Provider</th><th>Comment</th></tr>
<tr><td>1</td><td>NECS</td><td>Table below shows break-down:
<table>
<tr><th>March</th><th></th><th></th><th>111 (YAS)</th><th>Dental (LCD)</th></tr>
<tr><td>Numerator</td><td>Q013</td><td>Number of calls abandoned</td><td>92,206</td><td>4,666</td></tr>
<tr><td>Denominator</td><td>Q001</td><td>Number of calls received</td><td>308,185</td><td>20,207</td></tr>
<tr><td></td><td></td><td></td><td>29.9%</td><td>23.1%</td></tr>
</table></td></tr>
<tr><td></td><td>NWAS</td><td>Number of calls increased due to the COVID-19 pandemic.</td></tr>
<tr><td>2</td><td>LAS</td><td>South East London: Answered figures have been adjusted to match Triaged as the number of Triage was more than calls answered. The actual answered figure is 45,371

North East London: Answered figures have been adjusted to match Triaged as the number of Triage was more than calls answered. The actual answered figure is 46,529.</td></tr>
<tr><td>4</td><td>Dorset HealthCare</td><td>The method of producing figures for this KPI is being reviewed and subject to change.</td></tr>
<tr><td></td><td>IC24</td><td>Increase in denominator data item 111 (DoS selections – IUC treatment centre) for both Norfolk and East Kent is due to changes in the DoS case from IUC Clinical Assessment Service (CAS) to IUC Treatment Service. This change will be backdated in the next revisions window.</td></tr>
<tr><td></td><td>LCW</td><td>Data items 109 to 112 capture have reduced due to a change to the booking model. The booking process removed the DoS referral step and individuals were booking the appointments on EMIS or SystmOne directly. Unfortunately, there is no way easy way of reporting on these as the Adastra system was not configured to uniformly mark/tag any of these cases so they cannot be categorised into these ADC data items. We will not be able to rectify this in resubmission.

Many more cases have had appointments booked directly than on previous months I would say because we have a dedicated team of bookers selecting cases and booking an EMIS or SystmOne appointment but we do not have access to report from those practice systems.</td></tr>
<tr><td></td><td>NEAS</td><td>Appointment bookings have decreased at services this month as a result of COVID-19. Callers are being referred for telephone appointments instead.</td></tr>
<tr><td>5</td><td>Dorset HealthCare</td><td>The method of producing figures for this KPI is being reviewed and subject to change.</td></tr>
<tr><td>6</td><td>BRISDOC</td><td>999 validation was suspended during March resulting in a decrease of cases that are validated.</td></tr>
<tr><td></td><td>Care UK</td><td>Validation was internally suspended from February 2020.</td></tr>
<tr><td></td><td>Dorset HealthCare</td><td>The method of producing figures for this KPI is being reviewed and subject to change as not all validations are being picked up.</td></tr>
</table>

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

	HUC	Drop in KPI 6 for all areas this month is due to a combination of: o Coronavirus cases missing from ADC data (see general comments). o Fewer cases to be revalidated as a result of Covid (self-care). o Staffing pressures: more Coronavirus cases meaning fewer GPs on the CAS queue, resulting in fewer revalidations. o Proportionally fewer patients calling with non-Covid symptoms: fewer people out and about getting hurt. o Some EDs actively discouraging patients from attending.
	IoW	The drop in the amount of validations was down to the demand in March and we were also fielding calls from all over the UK due to the surge. The numbers towards the end of March were unprecedented and we were not able to keep up with it despite requests to the national team to stop sending national calls as we were not able to process them all.
	LCW	Data item 96 decreased due to the Pathways version change mid-March. During COVID-19 there has been an increase in speak to clinician dispositions, especially refusals of ambulance and ED dispositions. Plus, a large volume of cases had Dx339 which is a COVID-19 chest pain assessment which could be an alternative to the usual ambulance dispositions which would then be selected for validation. Validation of ambulance cases was stopped on a number of occasions during the month as the speak to clinician call-back queue was becoming clinically risky due to the number of cases awaiting a call-back and the duration they had been waiting.
	NECS	The process was changed this month due to demand pressures. All relevant calls were transferred to 999 clinicians to do the validation.
	WMAS	Ambulance validation figures are lower than usual due to the demand from coronavirus. Clinicians were in high demand and validations are one of the first things that are reduced during high levels of demand. Any cases with an ambulance disposition are unlikely to be revalidated.
7	BRISDOC	ED validation was suspended during March resulting in a decrease of cases that are validated.
	Care UK	Validation was internally suspended from February 2020.
	Devon Doctors	Data for Devon are missing from the numerator (item 97) due to the Covid situation.
	IoW	The drop in the amount of validations was down to the demand in March and we were also fielding calls from all over the UK due to the surge. The numbers towards the end of March were unprecedented and we were not able to keep up with it despite requests to the national team to stop sending national calls as we were not able to process them all.
	NECS	YAS have a contract with Vocare to validate ED cases for them with a reciprocal arrangement that means YAS do some validations when Vocare is not operating, ie, weekends and bank holidays. Although YAS sent calls to Vocare to validate in March, there were many times during the month that they had to switch off the validations internally to free up clinicians.
	SCAS	Decrease was due to clinicians trying to deal with lots of patients coming through at a time when they weren't being sent to ED because of the virus.
8	DHU	Increases in callers recommended self-care is due to lots more people calling in with minor illnesses worrying about COVID-19.

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

	Dorset HealthCare	Denominator tripled between February and March as more triages are recorded by call handlers on SystmOne. Triages recorded on Adastra are not included in these figures.
	HUC	Increase in number of callers recommended self-care is due to COVID-19. Patients call to check if they have symptoms and (whether they do or don't) the outcome for the majority is self-care. Only patients with serious symptoms have a different outcome.
	IoW	The change in % of self-care was due to the number of 'worried well' callers – there were a lot of those at the beginning of the COVID-19 pandemic.
	IC24	Increases due to COVID-19. Callers were advised to self-care where appropriate.
	NEAS	Increases in callers recommended self-care is due to an increase in calls resulting in a Dx39 (Symptom Management Advice) or Dx391 (COVID Self Care) outcome.
	NECS	Very high demand during March with a lot of cases related to COVID-19, around 20% of which were closed with self-care which explains the increase.
	SCAS	For Selfcare we had lots of people calling thinking they had COVID-19 who were advised to self-isolate for 7 days in line with the Government advice.
9	Dorset HealthCare	The big change in the numerator (ADC 81) this month is because not all clinician activity on Adastra is included and due to Dx mapping updates. We are still working on the non-pathways' entries (ADC 94) and intend to include some of those next month.
	IC24	Increases due to COVID-19. Callers were advised to self-care where appropriate.
	IoW	The change in % of self-care was due to the number of 'worried well' callers – there were a lot of those at the beginning of the COVID-19 pandemic.
	LAS	The increase in the KPIs this month is due to a decrease in the denominator (item 28). Clinicians were spending much longer time per case than normal, allowing the HA to triage most of the call to decrease the queue.
	NECS	Very high demand during March with a lot of cases related to COVID-19, around 20% of which were closed with self-care which explains the increase.
	SCAS	For Selfcare we had lots of people calling thinking they had COVID-19 who were advised to self-isolate for 7 days in line with the Government advice. As clinicians were increasingly busy and self-care dispositions were going up, only the sickest callers were sent to clinicians to be re-triaged. Clinicians and CDSS weren't really taking calls directly as they were needed to be able to take the calls being passed to them from HA.
	SECamb	The March value for this measure varies significantly from previous months, very much as a result of exceptional COVID activity mix.
10	DHU	Increase in number of prescriptions due to services being closed on the DoS and concerns around COVID-19.
	Dorset HealthCare	An issue with the query for the numerator is being investigated.

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

	NECS	Data for Sheffield GP Collaborative and i-HEART Barnsley are omitted from this month's return.
12	Care UK	Figures for triaged calls may include some double counting. This is because some calls related to COVID-19 were incorrectly closed on the Adastra system and had to be manually re-entered and transferred appropriately.
	HUC	Average time to telephone assessment outcome increased in all areas except Cambridge & Peterborough where the figure. This was because: o At times the Coronavirus call-back queue had 500 or more patients awaiting a call back. The Coronavirus queue inevitably took focus away from the CAS and OOH queues, leading to longer delays for all call backs. o There was one conjoint Coronavirus queue for Herts, WE and L&B; Cambridge & Peterborough (CAS, OOH and Coronavirus) remained on SystmOne, which probably protected them from having to take call backs from the other three areas.
	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. The denominator excludes triaged calls by service advisors using ACPP and GPs working in CAS who are not using the SCM.
	SECamb	Incorrect values for item 23 have been submitted for February and March 2020. The correct Feb value is 108,530,448 (a reduction vs the uploaded value); the correct March value is 57,684,393 (an increase on the uploaded value). The clinical element of our assessments was very extended in the early part of the COVID emergency in February. This was mitigated during March as a result of Pathways workarounds and expanded provision of COVID-specific services. These figures will be amended in the next revisions window.
15	Care UK	Figures for triaged calls may include some double counting. This is because some calls related to COVID-19 were incorrectly closed on the Adastra system and had to be manually re-entered and transferred appropriately.
	DHU	Decrease this month is due to volume of calls: the sheer workload made it impossible to maintain the same % of clinical activity.
	IoW	The decrease in the % of calls assessed by clinicians was due to the increase in demand. We added additional capacity where possible but mainly call handlers, rather than clinicians, as there is a larger pool for us to draw from.
	LCW	The denominator excludes triaged calls by service advisors using ACPP and GPs working in CAS who are not using the SCM.
	SCAS	As clinicians were increasingly busy and self-care dispositions were going up, only the sickest callers were sent to clinicians to be re-triaged. Clinicians and CDSS weren't really taking calls directly as they were needed to be able to take the calls being passed to them from HA.

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

Comments about quality of other data items

Data Item	Lead Data Provider	Comment
2	Care UK	Change in figures reflect an internal telephony change: COVID-19 calls are routed through the IVR and then routed to a symptomatic / non-symptomatic line.
6	NWAS	Reduction in numbers this month due to CA's skills diverted to front end working queues and staffing reduction due to COVID-19.
7 & 8	NWAS	No other staff type answers front end calls.
8	Care UK	Change in figures reflect an internal telephony change: COVID-19 calls are routed through the IVR and then routed to a symptomatic / non-symptomatic line.
9	NWAS	We do not receive ambulance calls.
10	NWAS	IUC(CAS) unknown, not recorded.
11	NECS	No data were received for Sheffield GP Collaborative this month.
	NWAS	We do not count unscheduled IUC attendances.
14 to 16	NECS	LCD Dental do not have the ability to breakdown calls Q014-Q016.
15 & 16	SECamb	We have continuing difficulty in isolating the abandonment intervals as required in item 15 and 16. Our telephony team are working on increasing the granularity of ABD reporting.
24	Dorset HealthCare	Data supplied using NHS 111 MDS definition 5.11 Number of calls where person triaged.
	LAS	It is unclear why the system produces sum of items 44, 57, 70 and 83 which are less than the total number of triaged calls for both areas. The difference appears to be around calls with no final disposition where it is unable to match the triages to a skill set.
27 & 28	Dorset HealthCare	Data for item 27 is a combined figure for ADC 27 and 28 this month. In February the total for 27 + 28 was 3,181 compared to 3,078 in March.
29	Dorset HealthCare	Includes all triages in Adastra where staff type was not captured, ie, 'unknowns'.
	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	IC24	Drop in Norfolk this month because more calls were sent to the CAS – Advance Nurses and more advanced roles. Some nurses went back to working in the ICU's instead of call centres and some clinicians move to home working, which is why more advanced nurses were required to deal with calls.
	NWAS	Includes estimates for clinical contacts relating to external clinicians/referrals. Estimation – 20,138 known NWAS CA, 33,671 unknown.
35	NWAS	Paramedic Staff type not distinguishable.
36	NWAS	Staff type not available at NWAS111.
37	NWAS	Pharmacist Staff type not distinguishable.

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

38	NWAS	MTS clinician at NWAS.
42	NWAS	Service not offered - Clinical advice is only given by a clinician.
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.
56	All	Dx code mapping was amended this month to enable the inclusion of calls that are closed when the clinician's attempts to contact the caller have been unsuccessful.
57	IoW	There was an error in our automated calculations for data items 69 which meant that some of the cases weren't picked up correctly in the total number of HA dispositions. This will be amended in the next revisions window. Figure should have been 7,570 HEALTH ADVISOR DISPOSITIONS.
60	Dorset HealthCare	System failed to calculate this figure so all moved to the 'Other' category (ADC 69).
61	Dorset HealthCare	Last month this figure was a combination of Adastra and S1 reports which we are now confident has some duplicates. This month's figure comes from the S1 calculation only and some cases have ended up in ADC 69 as couldn't identify where to put them.
61 & 62	NWAS	Increase in COVID calls caused a shift away from PCC referrals seeing a reduction in bookable and non-bookable.
67	NWAS	Increase this month due to COVID Related referrals – 'Emergency National Response' Service Type
69	All	Dx code mapping was amended this month to enable the inclusion of calls that are closed when the clinician's attempts to contact the caller have been unsuccessful.
	Care UK	Increase in calls that end in a DX108 due to the COVID-19 workaround put in place by NHS Pathways.
	Dorset HealthCare	Sub-total (item 57) is correct, so lots of cases went in to 69 as correct category couldn't be identified. Lots of work planned for next few weeks to get Dx mapping covering all categories.
	IoW	There was an error in our automated calculations for this data item which meant that some of the cases weren't picked up correctly in the total number of HA dispositions (item 57). This will be amended in the next revisions window.
	NECS	Around a third of COVID-19 cases were closed with 'other outcome'.
70	IoW	There was an error in our automated calculations for this data item which meant that some of the cases weren't picked up correctly in the total number of CA dispositions (item 70). This will be amended in the next revisions window. Figure should have been 3,050 CLINICAL ADVISOR DISPOSITIONS.
80	NWAS	Increase this month due to COVID Related referrals – 'Emergency National Response' Service Type.
82	All	Dx code mapping was amended this month to enable the inclusion of calls that are closed when the clinician's attempts to contact the caller have been unsuccessful.

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

	IoW	There was an error in our automated calculations for this data item which meant that some of the cases weren't picked up correctly in the total number of CA dispositions (item 70). This will be amended in the next revisions window.
87	NECS	LCD GPOOH: taken as all PCC and HV cases, rest are all cases closed over the phone after clinical triage.
94	Dorset HealthCare	We are still working on the non-pathways entries and intend to include some next month.
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	1,958 Directly booked by NWAS 111 and 9,381 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.
107 & 108	NECS	Scripts were missing the 'GP Practice' Service Type so were only picking cases referred to as 'GP in hours' or 'GP choice'. The correct figure for data item 107 was 10,840; data item 108 should have shown 415 calls.
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	1,574 Directly booked by NWAS 111 and 9,381 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.
116	Dorset HealthCare	This information is taken from an Adastra report and the reduction of cases reflected reduced use of Adastra. On Adastra there was a matching to PDS in around 90% of cases. However, S1 is different in that it is a patient record so a very high proportion of patients in Dorset are already matched prior to the NHS111 call. Where a record is matched on S1 then it is difficult to tell who did it. It could be done by the NHS111 service, or a district nursing, or podiatry, or any of the GP surgeries. Exploration on how to resolve this data issue is starting during May.
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.

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

	NWAS	Calls ending in dx80, 85, 86 and 87 which are PHARM+ (NUMSAS no longer in use).
120	NECS	We are currently investigating a data quality issue with data received from a GP OOH provider.
120 to 140	NWAS	Information not fed-back or collected. Work in Progress.
136	HUC	Herts item 136 down by around half compared to last month due to: o Social distancing resulting in reduction of face-to-face consultations. o Increased proportion of Covid callers for whom a face-to-face wouldn't be appropriate. o A concerted swing (in HUC and Primary Care generally) from face-to-face to telephone triage. In ordinary times, about 50-60% of both "Speak to" and "Contact a GP" dispositions end at Telephone Triage, ie, don't go to face-to-face at a base or home; during Covid it has been 80% to 90%.
	IC24	Decrease in Mid& South Essex this month due to clinicians advising over the phone instead of seeing patients in base because of Covid 19.

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