

EXPERIMENTAL STATISTICS

Integrated Urgent Care Aggregate Data Collection

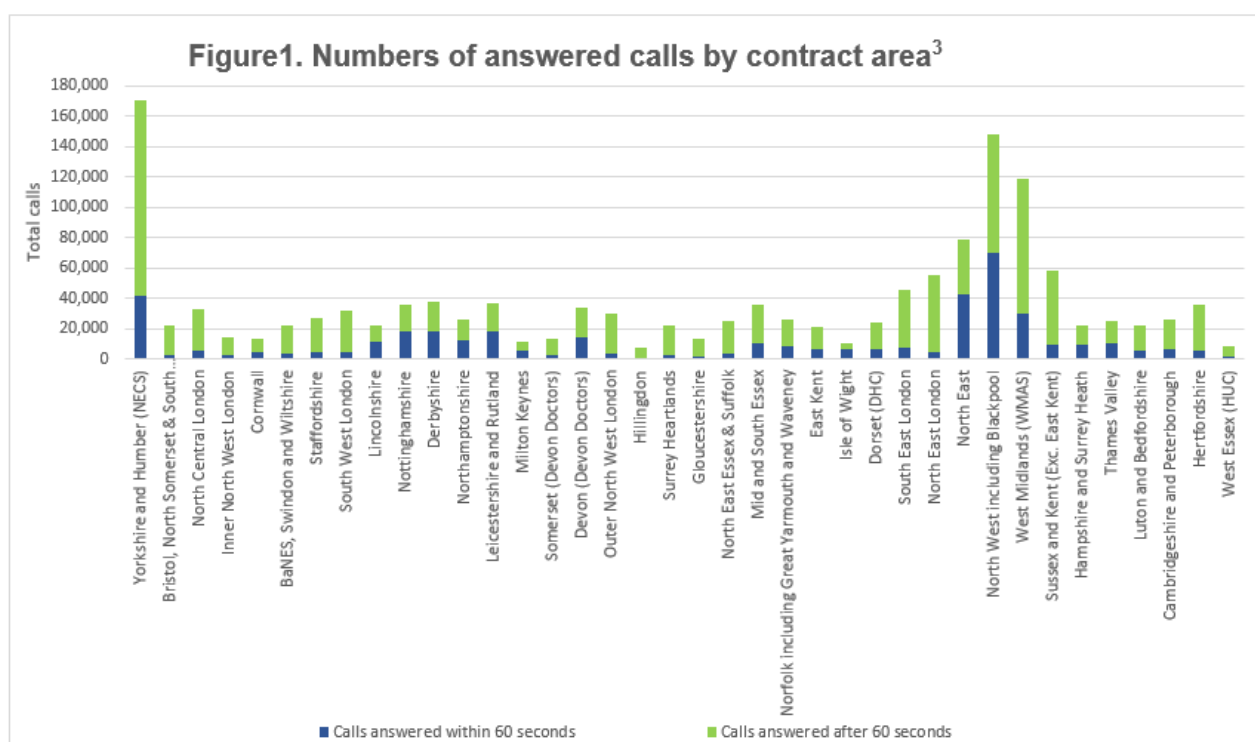
March 2020

This publication provides a summary of Integrated Urgent Care Services¹ in England during March 2020. The IUC aggregate data collection covers the whole of integrated urgent care services² and is used to report the [IUC Key Performance Indicators](#) (KPIs). Underlying data, including KPI monitoring, and further details about the publication of monthly IUC ADC data are [here](#).

Key Facts

In March 2020:

- Service levels were affected by demands relating to COVID-19⁴.
- 1.41 million calls were answered by NHS 111, an average of 45.4 thousand per day.
- 29.9% of those calls were answered in 60 seconds or less.
- 19.6% of callers were recommended self-care after speaking to a clinician and 5.8% of callers were recommended self-care after speaking to a healthcare advisor.



Background

The IUC ADC monitors the effectiveness of fully integrated urgent care services through the NHS 111 single entry point. IUC is the provision of a functionally integrated 24/7 urgent care access, clinical advice and treatment service (incorporating NHS 111 and out of hours services). Organisations collaborate to deliver high quality clinical assessment, advice and treatment to shared standards and processes, with clear accountability and leadership. Central to this is access to a wide range of clinicians; both experienced generalists and specialists. The service also offers advice to health professionals in the community, such as general practitioners, paramedics and emergency technicians, so that no decision needs to be taken in isolation. IUC services include:

- the assessment and management of patients by telephone who have called NHS 111.
- the face-to-face management of patients in any treatment centre (dealing with urgent care), the patient's residence or other location if required.

Comparison with the NHS 111 Minimum Data Set

At the current time, the NHS 111 Minimum Data Set (MDS) remains the official data source, while we work on data quality and completeness of the IUC ADC. The NHS 111 MDS has been published monthly as Official Statistics since February 2012, focusing on a subset of the IUC service both in terms of data items (specifically call handling and dispositions after triage) and coverage. Some definitions in the IUC ADC have been revised to provide better clarity so not all data items are directly comparable to the [NHS 111 MDS March 2020](#) due to differences in definitions. Users are advised to refer to the specification guidance for each collection which are available [here](#) when interpreting figures.

Data Quality

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 providers and ensure that data are supplied each month. While lead 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 in this report 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.

Details of comments received from lead data providers about specific aspects of data quality are provided [here](#). This include details about missing or incomplete data; we recommend that this information is considered when interpreting results.

Experimental Statistics

These statistics are classified as experimental and should be used with caution. Experimental statistics are newly developed or innovative statistics. These are published so that users and stakeholders can be involved in the assessment of their suitability and quality at an early stage. More information about experimental statistics can be found on the [UK Statistics Authority website](#).

Revisions

Revised data will be published periodically (usually every six months) in line with NHS England Analytical Service team's [revisions policy](#). Revisions were last published in December 2019, relating to the IUCADC April, May, June and July reporting periods.

Footnotes

¹Integrated Urgent Care Services are described in detail in the [IUC service specification](#).

²Data cover IUC services commissioned by the NHS in England. Data include both 111 and CAS settings, along with the clinicians within these settings, unless otherwise stated. All data items exclude NHS 111 online generated activity, unless otherwise stated.

³In April 2019 an IVR (Interactive Voice Response) was introduced in the Yorkshire & Humber contract area to redirect Dental calls for patients over the age of 5 to a new provider. These calls were excluded from the IUC ADC between April 2019 and August 2019. Dental calls account for around 10% of Y&HNHS111 calls. The calls have been included since September 2019 but performance is not comparable to earlier time periods.

⁴Callers 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.** 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.