

Data Quality – IUC ADC April 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 April were impacted by demands relating to the Covid-19 pandemic. Fewer patients were seen face to face, resulting in a decrease in booked appointments and a corresponding increase in GP telephone consultations/ triage. Providers also reported an increase in patients with dental problems following the closure of most dental practices.
- In April, 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)**. Local 111 calls to **Thames Valley** and **Hampshire & Surrey Heath** were diverted to national contingency during times of high demand on the CRS, with 100% diverted during most of April¹. Calls dealt with by SCAS as part of the CRS are not included in the IUC ADC return; this was the majority of SCAS work in April. Therefore, only data relating to call numbers have been provided for Thames Valley and Hampshire & Surrey Heath this month.
- A Dx code mapping change this month enables the inclusion of calls that are closed with a final disposition to speak to a clinician from the service where the clinician's attempts to contact the caller have been unsuccessful. Such calls may now be included in data items 56, 69 and 82 *Callers recommended other outcome*.
- **Dorset HealthCare** have been switching from Adastra to SystemOne since October. This month's return contains some known quality issues while the transition is ongoing.

¹ SCAS National Contingency Levels each day in April:

| 1st - 9th | 10 th - 13th | 14th - 17th | 18 th - 25th | 26th - 30th |
|-----------|-------------------------|-------------|-------------------------|-------------|
| 100% | 50% | 100% | 50% | 70% |



Comments about quality of data used in KPIs

| KPI | Lead Data Provider | Comment |
|-----|--------------------|--|
| 1 | NWAS | Number of calls increased due to the Covid-19 pandemic. |
| 3 | Care UK | Hillingdon: All Covid-19 cases pre-16 th March predominantly went to a CA, from 16 th March these went to Primary Care speak to until central COVID services took over early April. |
| | Devon Doctors | Not currently able to calculate the number of callers called back within 10 minutes by a clinician. |
| 4 | BRISDOC | Process was altered in April as a necessity of managing the demand during Covid. Direct booking for 111 cases was reduced in favour of Despatch so that the volumes could be managed more directly. This resulted in the reduced number of cases in ADC 110/112. |
| | Care UK | Remote appointment booking was turned off in April. |
| | DHU | <p>Significant decrease in this KPI in Leicester because of the changes made by LLR's system changes in response to Covid-19 with 11 Centres closed to booked and walk-in appointments. Only 3 centres (LUCC, Oadby, & Westcotes) were open and accepting bookings for patients from any of the Leicester CCGs. A fourth centre, Merlyn Vaz, was no longer showing as a walk-in accepting centre on the DoS so 111 could not send patients as walk-ins. However, they were accepting public walk-ins.</p> <p>Lincolnshire and Northamptonshire: Similar, KPI impacted by a reduction in the use of face to face appointments in response to Covid-19 with a corresponding increase in telephone consultations.</p> <p>Leicestershire: Due to the Covid-19 response, the Leicestershire Centres that provided extended access appointments were temporarily closed to appointments.</p> |
| | HUC | Direct Bookings of all types were actively discouraged this month. GPs and Nurse Practitioners wanted assurance that the patient really needed to be seen and that they did not have Covid symptoms before a face to face appointment is made. This means that far more cases were dealt with by telephone triaging GPs than as a face to face consultation in person with a patient. The same is true of direct bookings to third party GP practices, they were generally not accepting direct bookings from HUC. |
| | IoW | <ul style="list-style-type: none"> - In view of the reduced face to face appointments with GP practices (as a result of Covid) the 111 service and GPs liaised and stepped up the appointment booking for 'telephone' appointments which would otherwise have been face to face. - There were in fact 776 appointments booked with the GP Access hub but only 337 could be included in #112 – by following the definition (ie, bookable 'contact' Dx codes only – not 'speak to' Dx codes). Many 'speak to' Dx codes can and are mapped to appointment booking. |
| | LAS | Appointment slots were barely used for the IUC's this month. |
| | NEAS | Appointment bookings dramatically reduced in March and April as all but a few services stopped allowing 111 to book face to face appointments to help |

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

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| | | reduce the spread of Covid-19. GP Practices that had face to face Direct Booking appointments switched to either not offering any appointments at all via 111 or asked 111 to telephone ahead first. |
| | NECS | YAS reported that all direct bookings to GP extended hours looked to have stopped after 15-Mar-2020. Cases were still received for these services, but no bookings were made by IUC. |
| | WMAS | Unable to provide data on booked appointments. |
| 5 | Care UK | Remote appointment booking was turned off in April. |
| | DHU | The Number of calls where a caller is given an appointment with a UTC in Milton Keynes was significantly lower in April as callers were being offered bookings for telephone appointments rather than face to face, which were bookable in the same way. They were still operating as usual, however, social behaviour may also have made an impact as patients opted for advice/appointments over the phone rather than face to face. |
| | HUC | Direct Bookings of all types were actively discouraged this month. GPs and Nurse Practitioners wanted assurance that the patient really needed to be seen and that they did not have Covid symptoms before a face to face appointment is made. This means that far more cases were dealt with by telephone triaging GPs than as a face to face consultation in person with a patient. The same is true of direct bookings to third party GP practices, they were generally not accepting direct bookings from HUC. |
| | NEAS | Appointment bookings dramatically reduced in March and April as all but a few services stopped allowing 111 to book face to face appointments to help reduce the spread of Covid-19. Some UTCs switched off all their appointment bookings and instead asked 111 to add referrals to a 'stack'. |
| | NECS | Due to lockdown restrictions bookings and referrals to UTC by YAS have reduced as more patients triaged over the phone to avoid contact. Patients received call backs from clinicians at GPs to establish if they needed to be seen rather than making a booking. |
| | SECamb | 1 st April saw a significant change in Primary Care provision in part of our operating area. Several UTCs went live, and the direct booking interface with several UTCs was deployed. |
| | WMAS | Unable to provide data on booked appointments. |
| 7 | DHU | Leicestershire: ED Revalidations down on previous month potentially as a result of on-going pressures of Covid-19 on clinical resource. |
| | IoW | As a result of Covid the demand and therefore the pressure was reduced within our ED. The demand for 111 clinician input (particularly in relation to Covid) within 111 meant that validation of ED dispositions became a lower priority. Therefore calls with an ED Dx code were forwarded to our UTC/ED for validation outside of the 111 service meaning there was little if any validation of ED codes within 111. |
| | WMAS | Increase was due to a combination of increased number of clinicians and an intentional policy to assist the wider health economy. |
| 8 | Care UK | Outer North West London: Increase in number of callers recommended self-care at the end of the HA input was due to an increase in Covid-19 advice cases. |

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

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| | SECAmb | Self-care outcomes (reached by HA) reduced in April, but conversely item 81 (self-care reached by CA) increased. Continued volatility in outcome volumes is expected as we emerge from the first Covid peak. |
| 9 | BRISDOC | Due to the demands during Covid, the operational process within 111 was altered, with additional Covid IVR options etc, such that CAs were managing queues and closing cases, not using pathways which led to an increase in ADC 94. |
| | LAS | SE London KPI 9 – the decrease this month is because a lot of calls were directly triaged by clinicians directly from the HCP's especially from Star 5 Care homes. |
| 10 | DHU | Derby: The Denominator for this KPI has risen in April due to an increase in Non-Pathways telephone calls made by clinicians within IUC Clinician Advice Service. This is largely in response to Covid-19 reducing the number of face to face contacts for patients. As the IUC outcome for these calls are set to medication prescribed this has increased the overall denominator for KPI 10, however because these calls are non-pathways and cannot be attributed to a DX code they are subsequently excluded from the numerators. |
| | HUC | Repeat medications enquiries are directed by Service Advisers to a CAS Pharmacist. Since the SAs do not use Pathways, or currently formerly triage, there are no Dx Codes so nothing to report, or measure against. |
| 12 | 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 60 secs therefore average time to answer has increased. The denominator excludes triaged calls by service advisors using ACPP and GPs working in CAS who are not using the SCM. |
| | NWAS | Increase was due to staffing pressures caused by Covid pandemic. |
| 13 | IC24 | Mid & South Essex - Face to face appointments were being dealt with much more quickly because there were fewer of them. East Kent & Norfolk: face to face consultation reduced due to Covid-19. |
| 13 and 14 | NECS | This number is significantly lower than normal due to the Covid-19 Pandemic as to be expected. Figures do not include video consultations. |
| 15 | Devon Doctors | Somerset: the number of calls triaged had a positive correlation with the number of calls received due to Covid-19, resulting in a lower proportion of calls assessed by a clinician. |
| | LCW | The denominator excludes triaged calls by service advisors using ACPP and GPs working in CAS who are not using the SCM. |

Comments about quality of other data items

| Data Item | Lead Data Provider | Comment |
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| 2 | Dorset HealthCare | Figures not currently available. |
| 5 | LCW | Decrease in figures is due to implementation of a new call answering model as result of Covid-19. Medical Students (Other not using NHS |

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

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| | | pathways) were hired and taking the majority of calls and placing for call-back by Health Advisors. |
| 7 & 8 | NWAS | No other staff type answers front end calls. |
| 8 | LAS | Increase is due to calls answered by in-health as they do not fit into the other categories. |
| | LCW | Increase in figures is due to implementation of a new call answering model as result of Covid-19. Medical Students (Other not using NHS pathways) were hired and taking the majority of calls and placing for call-back by Health Advisors. This reduced waiting time for patients and reduced risks as any immediate life-threatening conditions were identified. Plus, reduced abandonment rate so patients did not call 999 or go to ED. |
| 9 | NWAS | We do not receive ambulance calls. |
| 10 | NWAS | IUC(CAS) unknown, not recorded. |
| 11 | NWAS | We do not count unscheduled IUC attendances. |
| 14 to 16 | NECS | LCD Dental do not have the ability to breakdown calls Q014-Q016. |
| 20 & 21 | Dorset HealthCare | Figures not currently available. |
| | WMAS | Increase was due to a combination of increased number of clinicians and an intentional policy to assist the wider health economy. |
| 22 | DHU | The reporting logic has been unable to capture all wait times for patients who weren't receiving call backs in the traditional method (Health Advisor to Nurse Advisor) and should also include additional call back wait times from Non-Pathways Clinicians, Pharmacists and DoS referrals back into 111). We are looking into process changes and additional logic to see if we can establish a reason for this shift. However, we can see that the shift started on the 13 th of March which is directly in-line with peak Covid-19 activity. |
| 24 | WMAS | The reason that triaged volumes are higher than calls answered is likely to be because online cases are being counted in triaged activity. We didn't have a way to identify these cases originally, and numbers were likely small; the issue is now apparent because of the increased demand in April. We are looking to develop a way in which these can be excluded and will arrange resubmissions if necessary. |
| 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 | NECS | There are only two GPs in YAS and it is likely that both were unavailable as result of the Covid-19 changes. |
| 31 to 33 | NWAS | Staff types not available at NWAS111. |
| 33 | HUC | There was no mental health nurse in April and all relevant cases were dealt with by GPs. |
| | LAS | Incorrect figures submitted. In the next revisions window these will be amended to: NORTH EAST LONDON 133 SOUTH EAST LONDON 75 |
| 34 | NWAS | Includes estimates for clinical contacts relating to external clinicians/referrals. Estimation - 19,388 known NWAS CA, 38,273 unknown. |

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

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| 35 | NWAS | Paramedic Staff type not distinguishable. |
| 36 | LAS | Incorrect figures submitted. In the next revisions window these will be amended to: NORTH EAST LONDON 1,184 SOUTH EAST LONDON 1,124 |
| | NWAS | Staff type not available at NWAS111. |
| 37 | NWAS | Pharmacist Staff type not distinguishable. |
| 38 | IC24 | Norfolk: Increase in calls to clinician due to Covid response –service reduced F2F and increased Telephone triage/advice, hence increase of calls to clinician. |
| | LAS | Incorrect figure submitted for North East London. In the next revisions window this will be amended to 4,510. |
| | NWAS | MTS clinician at NWAS. |
| 40 | Care UK | Surrey: Clinical Advisors not available due to high demand on service, CAT 3&4 validation and increased Home Working of CA's. |
| 42 | NWAS | Service not offered - Clinical advice is only given by a clinician. |
| 44 | Devon Doctors | Decrease in Service adviser dispositions is due to Covid-19 resulting in fewer callers recommended to speak to primary care service or attend ED at the end of Service Advisor input. |
| | NECS | The role of Service Advisor was introduced by YAS this month to deal with Covid-19 demand and more types of clinicians. |
| 45 | NWAS | Covid SA with ambulance outcome |
| 46 to 48 | NWAS | SA's cannot offer these dispositions. |
| 52 | NWAS | SA's unable to recommend pharmacist through triage. |
| 54 | LAS | Incorrect figures submitted. In the next revisions window these will be amended to: NORTH EAST LONDON 561 SOUTH EAST LONDON 200 |
| 55 | NWAS | SA's unable to recommend self-care through triage. |
| 55 & 56 | NECS | The role of Service Advisor was introduced by YAS this month to deal with Covid-19 demand and more types of clinicians. |
| 56 | IC24 | Increase in East Kent is due to recruitment of more SAs to support during Covid. |
| | LAS | Increase this month is because the SA's are also picking up some Covid calls and passing them to the swab team. |
| 57 | Dorset HealthCare | Figures appear to include duplicates – will look to resolve in next submission. |
| 58 | SECAMB | This has come down, but item 71 (AMB outcome by clinician) has risen proportionately as a result of a change in the activity mix. |
| 61 | IC24 | Fewer face to face appointments booked in Mid & South Essex due the Covid Response. |
| 62 | SECAMB | Significant change in April as a result of the initial post-Covid change in activity mix, eg, there was a shift from Contact PC outcomes to alternative outcomes. |
| 63 | Care UK | Outer North West London: All Covid-19 cases pre-16 th March predominantly went to a CA, from 16 th March these went to Primary Care speak to until central Covid services took over early April. |

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

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| 64 | DHU | Derby, Leicester and Nottinghamshire: The number of calls where the outcome was recommended to contact a dental practitioner increased in April due to the impact of the Covid-19 lockdown closures on dental practices. This was due to an increase in calls from patients unable to attend or contact their regular dental practice seeking advice from 111. |
| | HUC | April saw a substantial increase in dental cases, as all dentists in the area were closed so patients were seeking help with pain management and abscesses, etc. |
| | IC24 | Increase in East Kent and Mid & South Essex this month because dental practices were closed for Covid. |
| | NEAS | Dental calls had seen an increase due to the closure of practices. |
| | NWAS | Increased demand due to Covid Pandemic. |
| 67 | LAS | Incorrect figures submitted. In the next revisions window these will be amended to: NORTH EAST LONDON 475 SOUTH EAST LONDON 283 |
| 68 | HUC | Increase in home management advice by health advisers was due to the number of coronavirus enquiries. |
| 69 | loW | Increase reflects inclusion of Dx codes Dx1112, Dx1113, Dx1114, Dx1115 and Dx1116 following Dx code mapping changes. |
| 70 | Dorset HealthCare | Figures appear to include duplicates – will look to resolve in next submission. |
| 77 | SECamb | Dental call volume increased massively this month due to lack of provision by local dental practices, some of whom have been referring patients directly to 111 for advice. (National Dental CAS not yet in place during April.) |
| 83 | LCW | As a result of Covid-19 specific pathways were implemented to deal with the increased demand. Numbers of clinicians were increased by getting more GPs who are non-pathways. They dealt with more cases within the CAS. This would account for the increase in North Central London. |
| 87 | NECS | Data for GP OOH providers includes LCD, i-HEART, Sheffield GP Collaborative, RCD Harrogate & District, NL3 Care Plus, NXL01-FCMS. LCD GPOOH: taken as all PCC and HV cases, rest are all cases closed over the phone after clinical triage. i-HEART: this includes the amount of bookable contacts that were either a telephone triage, face to face or video consultation. |
| 97 & 98 | NWAS | No feedback given on ambulance revalidation, information not collected. |
| 98 | DHU | The reporting logic has been unable to capture all wait times for patients who weren't receiving call backs in the traditional method (Health Advisor to Nurse Advisor) and should also include additional call back wait times from Non-Pathways Clinicians, Pharmacists and DoS referrals back into 111). We are looking into process changes and additional logic to see if we can establish a reason for this shift. |

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| | | However, we can see that the shift started on the 13 th of March which is directly in-line with peak Covid-19 activity. |
| | Dorset HealthCare | Figures not currently available. |
| | LCW | North Central London: As a result of Covid-19 clinical workforce was increased which meant more cases were either able to be warm transferred to Clinical Advisors (pathways clinicians) or were called back sooner by the additional GPs. |
| | NECS | Time is not captured by YAS or LCD. |
| 100 to 101 | NWAS | Information not collected. |
| 101 | IC24 | There were no ED revalidation cases in Norfolk in April. |
| | loW | The wait time reduced as the volume of ED (re)validations reduced. |
| | NECS | Time is not captured by YAS or LCD. |
| 105 | NWAS | Not recorded. |
| 106 | DHU | Northamptonshire: Across all bases there was a reduction in the number of face to face consultations. During the Covid-19 pandemic, direct booking was not being used as all patients were receiving secondary triage. Additionally, Wellingborough was closed to face to face consultations. |
| | loW | Increase reflects increase in callers given an appointment with an IUC Treatment Centre (item 112). |
| | NWAS | 1,117 directly booked by NWAS 111, 8,001 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. |
| | SECAmb | Increase relates to the expansion of UTC coverage and the expansion of direct appointment booking functionality in our operating area from 1 st April. |
| 108 | LAS | The GP connect service was switched on in April which means more GP appointments were possible. |
| | NWAS | Increase due to Covid pandemic |
| | SECAmb | Increase relates to the expansion of UTC coverage and the expansion of direct appointment booking functionality in our operating area from 1 st April. |
| 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 | 136 Directly booked by NWAS 111, 8,001 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 | DHU | Derbyshire and Lincolnshire: Change this month is likely to be due to temporary suspension of OOH Derbyshire DHU Nurse-led PCC at Clay Cross with no records in the data for April due to Covid-19 response. Also, a weekend 4-hour clinic in Whitworth was intermittently closed during April. All |

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

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| | | <p>other PPC's were open but were quieter than usual due to fewer walk-ins but with increase in clinician advice. Based on Covid, it is likely that patients were likely less to go into walk in centres and GP practices unless really necessary. Therefore, calls where the caller would be given an appointment to IUC Treatment centre is likely to be much lower, if clinician advice calls have been increasing.</p> <p>This is likely case for Lincolnshire too, so due to more clinical advice being given over the phone it is likely that there will be a drop in the public going to face to face appointments.</p> |
| | NWAS | Information not fed-back or collected. Work in Progress. |
| 116 | Dorset HealthCare | Figures not currently available. |
| 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 | DHU | Leicestershire: 111 were no longer sending LLR contract patients to Walk-In Centres in April due to Covid-19. |
| | IC24 | All contracts had significantly lower face to face and more telephone consults due to Covid. |
| | 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. |
| 121 to 125 | IC24 | Mid & South Essex: Reduction because there is less protection for Home Visiting clinicians during Covid. |
| 126 | IC24 | East Kent Mid & South Essex: face to face consultation reduced due to Covid-19. |
| 136 | IC24 | East Kent, Mid & South Essex: face to face consultation reduced due to Covid-19. |