

Data Quality – IUC ADC May 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

- London Ambulance Service (LAS) providers were supported by InHealth during May. Data relating to calls triaged and IUC recommendations (dispositions) are under-reported this month as activity from InHealth was not fully captured.
- In March, April and May, 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. Calls dealt with by SCAS as part of the CRS are excluded in the IUC ADC return; numbers of triaged calls for Thames Valley and Hampshire & Surrey have also been estimated this month to exclude approximately 15% that were dealt with by the CRS.

Comments about quality of data used in KPIs

KPI	Lead Data Provider	Comment
1	Care UK	Improvement this month reflects steps taken to address resourcing issues.
	NWAS	Reduction in offered calls compared with last two months reflects pandemic demand.
	SECamb	Service level increases this month are due to a combination of a return to BAU activity levels and a marked increase in call handling capacity due to a recruitment and training programme.
	WMAS	Calls abandoned incorrectly includes calls abandoned prior to the IVR selection, counting them as abandoned calls within 0 seconds even though they never actually made it to the queue. Revised figures will be submitted in future.
2	Care UK	Improvement this month reflects steps taken to address resourcing issues.
	LCW	Improvement is due to staffing levels and productivity of staff. There was also additional staff on rota in May due to COVID.

	NECS	LCD Dental: different report within telephony system used to produce the numerator this month.
	SECAMB	Service level increases this month are due to a combination of a return to BAU activity levels and a marked increase in call handling capacity due to a recruitment and training programme.
3	WMAS	Significant increase is down to increased clinician availability.
4	NECS	LCD Dental: Data for GP OOH providers includes LCD, i-HEART, Sheffield GP Collaborative, RCD Harrogate & District, NL3 Care Plus, NXL01-FCMS.
	SCAS	Low figures are probably due to COVID 19 as patients were being sent to Clinical Assessment hubs rather than Primary Care if the call handler believed they had COVID 19 Symptoms.
5	SCAS	Low figures are probably due to COVID 19 as patients were being sent to Clinical Assessment hubs rather than Primary Care if the call handler believed they had COVID 19 Symptoms.
	SECAMB	Increase in numerator and denominator relates to the ongoing expansion of UTC coverage and direct appointment booking functionality from 1 st April.
7	IoW	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 validation of ED codes within 111.
8	Dorset HealthCare	Numerator and denominator figures will be revised in next submissions window.
	LAS	A change in operations in the month of May meant less calls were triaged by health advisors.
	NEAS	Decrease in numerator since last month was due to the decrease in the demand of Covid presenting calls.
	NECS	Previously, reports have assumed that 85% of cases with a missing Dx code were for 'Emergency Department' pot and 15% 'Self Care' pot. A recent audit of blank cases revealed, since new roles were introduced in April, we were not capturing from Aadastra the final disposition of cases handled by Service Advisors and Clinicians using the Senior Clinical Module in Pathways. This issue has now been resolved but means relevant data from 1 st of April will need to be resubmitted.
9	Dorset HealthCare	Numerator and denominator figures will be revised in next submissions window.
	IC24	All areas are showing increase in the numerators this month because of development changes regarding EPS (Electronic Prescribing Service). Calls where an EPS prescription is issued are now closed under self-care. Non-Pathways clinicians are the main group of clinicians that are using EPS and figures show an increase this month in the metrics related to Non-Pathways clinicians, prescriptions and medications.
	NECS	Previously, reports have assumed that 85% of cases with a missing Dx code were for 'Emergency Department' pot and 15% 'Self Care' pot. A recent audit of blank cases revealed, since new roles were introduced in April, we were not capturing from Aadastra the final disposition of cases handled by Service Advisors and Clinicians using the Senior Clinical Module in

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

		Pathways. This issue has now been resolved but means relevant data from 1 st of April will need to be resubmitted.
10	DHU	Leicestershire: Change this month is caused by 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.
	IC24	Increases this month in the numerator and denominator are because EPS items are now included.
	SCAS	Null return for ADC 118 Calls where prescription medicine issued within service. Cannot get this data yet. Work needs to happen with the CAS.
12	NWAS	Reduction in total time to outcome compared with last two months which was affected by the pandemic demand.
15	Care UK	Numbers of calls assessed by a clinician have significantly increased due to a previous oversight in our code. We will need to perform a backdate on previous data once a resubmissions window is open.
	IC24	Greater confidence in handling Covid calls has resulted in fewer calls to clinicians this month.
	NWAS	Numerator supplied in accordance with definition 5.22 Calls to a Clinician in NHS 111 MDS.

Comments about quality of other data items

Data Item	Lead Data Provider	Comment
1	WMAS	Large increase is due to a number of additional staff which has improved efficiency as well as dual training call takers on 999's and 111's. WMAS are one of the quickest trusts for call answering performance on 999's with the last 3 months having a 90 th centile call answer time of 1 second.
4 to 9	SCAS	Pro-rata Calls answered by Calls Triaged by Skillset
5	HUC	Figures this month incorrectly exclude calls in queue called "COVID HA" which have been counted in ADC 8.
7 & 8	NWAS	No other staff type answers front end calls.
8	Care UK	Reduction since last month is due to a more predictable call pattern since the peak of Covid.
	HUC	Figures this month incorrectly include calls in queue called "COVID HA" which should have been counted in ADC 5.
9	NWAS	We do not receive ambulance calls.
10	NWAS	IUC(CAS) unknown, not recorded.
11	NWAS	We do not count unscheduled IUC attendances.
13 to 16	WMAS	Calls abandoned incorrectly includes calls abandoned prior to the IVR selection, counting them as abandoned calls within 0 seconds even

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

		though they never actually made it to the queue. Revised figures will be submitted in future.
14 to 16	NECS	LCD Dental do not have the ability to breakdown calls Q014-Q016.
17	WMAS	Low numbers are due to a number of additional staff which has improved efficiency as well as dual training call takers on 999's and 111's. WMAS are one of the quickest trusts for call answering performance on 999's with the last three months having a 90 th centile call answer time of 1 second.
18	WMAS	Calls abandoned incorrectly includes calls abandoned prior to the IVR selection, counting them as abandoned calls within 0 seconds even though they never actually made it to the queue. Revised figures will be submitted in future.
20 & 21	Dorset HealthCare	Figures are known to contain duplicates.
22	NWAS	Reduction in call back time compared with last two months which was affected by the pandemic demand.
29	NWAS	No other distinguishable staff type.
31 to 33	NWAS	Staff types not available at NWAS111.
32	SCAS	SCAS has no ANP.
34	NECS	LCD GPOOH: The split between clinician types for triage is purely down to the rotas that are in place during the month so this will always fluctuate but predominantly we are a GP lead service. Increase since last month may be due to fewer triaging nurses in May; we took on a lot of locum staff to support us with the increase in activity due to Covid in April.
	NWAS	Includes estimates for clinical contacts relating to external clinicians/referrals. Estimation - 23,225 known NWAS CA, 43,688 unknown.
35	NWAS	Paramedic Staff type not distinguishable.
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.
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	DHU	Lincolnshire: There appears to have been a change in the Dx Code distribution for the codes 'Speak to A Clinician' outcome in mid-April from 'Attend another Service' to 'Recommend Other' which accounts for the zero recorded in item 54.
55	NWAS	SA's unable to recommend self-care through triage.
63	IC24	East Kent and Mid & South Essex: Low figures this month are due to more senior clinicians closing calls as a result of Covid exposure and working from home.
64	DHU	Lincolnshire: There appears to have been a change in the Dx Code distribution for the codes 'Speak To A Clinician' outcome in mid-April

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

		from 'Attend Another Service' to 'Recommend Other' which has caused a fall in numbers for Item 64 and a rise in Item 69.
	NWAS	Increased demand due to COVID Pandemic.
67	NWAS	Reduction in referrals compared with last two months pandemic demand.
69	DHU	Lincolnshire: There appears to have been a change in the Dx Code distribution for the codes 'Speak To A Clinician' outcome in mid-April from 'Attend Another Service' to 'Recommend Other' which has caused a fall in numbers for Item 64 and a rise in Item 69.
71	NWAS	Ambulance referrals have increased in comparison with last three months pandemic demand.
83	HUC	Most Clinician ED outcomes (ADC 86) have been wrongly excluded this month.
85	DHU	Leicestershire: An increase of calls passed into LLR CAS for ED validation has resulted in an increase in numbers with an ED outcome from non-pathways clinical input dispositions. This accounts for some of the increase in LLR A&E outcomes.
87	NECS	LCD GPOOH: taken as all PCC and HV cases, rest are all cases closed over the phone after clinical triage.
92	DHU	Leicestershire: Increased is a product of additional prescribed medication outcomes coming from IUC Clinicians as part of their telephone contacts.
	IC24	Prescriptions issued from a call has risen due to an amendment to the code to include EPS (Electronic Prescribing Service).
97 & 98	NWAS	No feedback given on ambulance revalidation, information not collected.
98	NECS	Time is not captured by YAS or LCD.
99	NWAS	Increase in overall referrals to A&E, 60% to ED, 40% to other
100 to 101	NWAS	Information not collected.
101	IC24	Mid&South Essex: Unable to supply this data item for May due to a systems issue.
	NECS	Time is not captured by YAS or LCD.
104	Dorset HealthCare	Figures are known to contain duplicates.
105	NWAS	Not recorded.
106	NWAS	3,446 Directly booked by NWAS 111, 11,370 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 ongoing expansion of UTC coverage and direct appointment booking functionality from 1st April.
107	IoW	Drop this month is related to the increase in IUC Treatment centre DoS selections. The main element here is the 'GP Access Hub' component of the IUC Treatment Service. There is also a noticeable drop in bookable 'UTC' DOS selections. This is because during COVID, all 'GP in hours' referrals were referred to a 'central GP hub' (GP Access hub) which is reported under the IUC Treatment centre G112. This has had

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

		the counter effect of reducing the total DoS selections for the 'GP in hours'.
108	NWAS	Increase due to COVID pandemic.
	SECamb	Change in figures relates to the ongoing expansion of UTC coverage and direct appointment booking functionality from 1st 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	89 Directly booked by NWAS 111, 11,370 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	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.
	SCAS	Null. Cannot get this data yet. Work needs to happen with the CAS.
141	SCAS	Figures used from 111 Online Portal.