

Data Quality – IUC ADC June 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, where they have been supplied, about the quality of data returns and reasons for changes since last month.

General Comments

- Since 2nd April, **London Ambulance Service (LAS)** providers have been supported by InHealth to help with calls relating to Covid, dental and repeat prescriptions. Activity from InHealth relating to calls triaged and IUC recommendations (dispositions) are under-reported this month as data relating to InHealth activity (48% of all calls) could not be split between **North East London** and **South East London**.
- From March to early June, 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 from IUC ADC returns, although numbers are negligible for June.

Comments about data used in KPIs

KPI	Lead Data Provider	Comment
1	DHU	Improvement this month is due to the abnormal pressures that COVID-19 had brought during February and March. The figures are now correlating with society slowly getting back to normality.
	NEAS	Increase in abandoned calls this month is due to a number of factors. During June, NEAS saw continuing fluctuating call volumes on 111 and 999 including sustained peaks on 999 from 24 th to 26 th June 2020 due to the weather – calls were around breathing difficulties, heatstroke and collapses. During some intervals on these days, call volumes were over 100% more than forecasted. Consequently, 111 was impacted as dual-trained staff were utilised to manage the unexpected 999 surge in call volumes. This was at a time when headcount was reduced due to 25 call handling staff shielding at home.

		There were also 12 occasions of national contingency during June where NEAS were offered OOA calls which increase AHT, thereby adding to the impact on 111.
	NWAS	Improvement this month is due to easing of staffing pressures from initial pandemic levels and call volumes returning to pre-Covid demand.
2	Dorset HealthCare	Staff hours for Call Advisors was much higher than usual in June due to influx of new staff. Drop in performance is most likely a consequence of their inexperience, plus experienced staff diverted to supervise and advise new colleagues.
	NEAS	Decrease in calls answered within 60 seconds this month is due to a number of factors – see explanation re KPI 1 above.
	NECS	LCD Dental: numerator is higher than previous months as a different report has been used for no calls answered in 60 seconds.
3	Devon Doctors	Devon: the denominator will be revised in the next revisions window.
	Dorset HealthCare	Decrease in denominator (Item 43) this month is because Covid processes in the Dorset NHS111 service resulted in a higher than normal proportion of patients being passed to a clinician for advice. The drop is likely to be a consequence of a reduction in 'potential' Covid cases and staffing issues mentioned re KPI 2 above.
	WMAS	Change in numerator and denominator this month is due to new logic being applied in line with the IUC ADC specification. All call-backs are now included rather than just those with a target of 10 mins.
4	Care UK	Hillingdon: Appointment slots remain blocked to direct booking from 111 due to COVID19 cross contamination risk.
	Devon Doctors	Devon: <i>IUC Treatment Centres</i> were closed to the DoS for direct booking in June and GP Extended Hours service type was removed from the DoS by the National DoS team.
	NEAS	The service has noticed a reduction in local clinical hubs OOH availability, both in appointments availability for the services open as well as the services themselves. This has resulted in a drop in the number of calls where caller given an appointment with a GP extended hours service (data item 110).
	SECamb	Increase this month is because appointment bookings have partially migrated from UTC to GP Extended Hours due to re-categorisation of some services by the CCG.
	WMAS	Decrease this month in denominator item 111 DoS selections – IUC Treatment Centre is because previous months' figures incorrectly included online cases which have now been excluded.
5	DHU	Leicestershire and Rutland: Includes 60 cases with a referral selection of 'Urgent Care Centre – Loughborough' and a referral category of UTC in June 2020 whereas no activity for this referral selection was assigned a UTC referral category in May 2020. The majority of Loughborough activity in the month has otherwise been given a UCC referral category. No corresponding IUC Booked appointments at Loughborough in June 2020 therefore fall in KPI %. Milton Keynes: Potential increase in the number of appointments available at UTCs in MK due to relaxation of Covid-19 response which may also indicate an increase ability of 111 to book patients into centres.

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

	SECAmb	Decrease this month is because appointment bookings have partially migrated from UTC to GP Extended Hours due to re-categorisation of some services by the CCG.
6	Care UK	Hillingdon / NE Essex / Surrey Hearts: Care UK have changed their internal validation process which has resulted in a much higher validation rate.
7	LAS	North East London: Increase in ED validation because LAS started validating 100% of ED cases from 3 rd week of June.
8	Devon Doctors	Devon: The denominator has been revised as previously there was double counting and data pulling from the wrong source. All months from October onwards will be updated in the next revisions window.
9	BrisDoc	Decrease since last month shows a continuation of the return to typical values after demand during Covid was resulting in calls being managed outside of Pathways.
	Dorset HealthCare	Ongoing issues with correctly identifying triages and the associated staff group. Should be able to resolve both these issues for the July data submission.
10	LAS	North East London: There was an increase in demand for this service which wasn't expected and could not be issued within the service. South East London: 100% return is because there was a test run to send all prescriptions that could not be issued within the service to the C++ and Pharm+ services.
	SCAS	Many patients referred for repeat prescriptions this month were sent to OOH and DoS services for Pharmacy other than Pharm+ or CPCS so are not included in the numerator.
11	Dorset HealthCare	Decrease in denominator (item 102) is due to better understanding of Directory of Services data. The figures submitted for ADC102 for April and May incorrectly included patients who were triaged by other NHS111 providers, plus triages relating to patients received from other professionals (ADC 010).
12	NECS	Fylde Coast Integrated Urgent Care Service (FCMS): increase in denominator (ADC24 Calls where person triaged) is because more patients were being triaged rather than seen face to face due to Covid.
14	NECS	Fylde Coast Integrated Urgent Care Service (FCMS): more patients were being triaged rather than seen face to face due to Covid.
15	BrisDoc	Decrease this month is due to lower overall volumes in out of hours services. There were two bank holidays in both April and May, and none in June, which is also likely to be a contributing factor.
	NEAS	Recent reductions in clinical input figures are a result of calls being streamed to the National Covid Clinical Assessment Service (1003) & the National Pharmacist Clinical Assessment Service (464) which bypass internal clinicians.
	NECS	Fylde Coast Integrated Urgent Care Service (FCMS): increase in denominator (ADC24 Calls where person triaged) is because more patients were being triaged rather than seen face to face due to Covid.

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

Comments about other data items

Data Item	Lead Data Provider	Comment
1	NECS	LCD Dental: more calls were received during the peak of Covid as dentists were generally seeing fewer patients than normal. Call volumes have since decreased as patients have been able to see their own dentists more easily and call volumes naturally fluctuate particularly over the summer.
	NWAS	Reduction in offered calls compared with last 3 months due to decreasing pandemic demand.
7 & 8	NWAS	No other staff type answers front end calls.
9	NWAS	We do not receive ambulance calls.
	SECamb	Reduction in calls transferred from the Ambulance Service this month is due to decrease in operation as the AS cohort is increasingly skilled in reaching "Hear and Treat" outcomes.
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.
17	BrisDoc	Care UK installed additional resources following the demands seen during Covid which has resulted in much improved answering performance.
	IC24	Call answer times in seconds (all areas) are roughly half the figure last month due to considerably more hours worked over the month compared to the previous month and a reduction in overall staff absences.
	NEAS	Increase in call answering time this month is due to a number of factors – see explanation re KPI 1 above.
	NECS	LCD Dental: staffing levels contribute to variations in call answer times.
	NWAS	Reduction and improvement in performance due to reduction in demand.
18	DHU	Decrease this month is due to the abnormal pressures that COVID-19 had brought during February and March. The figures are now correlating with society slowly getting back to normality.
22	IC24	Improvements in call back times are due to additional measures taking affect as call demand has slightly.
	NWAS	Reduction in call back time compared with last two months due to changes in pandemic demand.
24 to 29	Devon Doctors	Devon: number of patients triaged metrics (25-29) have been revised so they now add up to metric 24. Previously there was double counting and data pulling from the wrong source. All months from October onwards will be updated in the next revisions window.
29	NWAS	No other distinguishable staff type.
31 to 33	NWAS	Staff types not available at NWAS111.
34	NWAS	Includes estimates for clinical contacts relating to external clinicians / referrals. Estimation - 20,917 known NWAS CA, 36,766 unknown.

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

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.
44	Devon Doctors	Figures for Somerset include some double counting between data items 44, 57, 70 and 83. These will be adjusted in the next revisions window.
44-56	LCW	Figures include some double-counting due to systems issues. These will be adjusted in the next revisions window.
45-48	NWAS	COVID SA activity.
52	NWAS	COVID SA's recommend pharmacist through triage.
55	NWAS	COVID SA's recommend self-care through triage.
57	Devon Doctors	See comment re item 44.
64	NWAS	Increased demand due to COVID Pandemic.
	WMAS	Decrease this month is because previous months had included some routine dental cases which were Birmingham Dental Hospital. These have now been excluded. This has reduced the overall triaged numbers and the main outcomes affected are contact dental or attend another service.
67	NWAS	Reduction in referrals compared with last two months pandemic demand.
	WMAS	See comment re item 64.
70	Devon Doctors	See comment re item 44.
71 & 72	Devon Doctor	Somerset: sharp increase this month is due to a procedural change.
83	Devon Doctors	See comment re item 44.
	Dorset HealthCare	Figures for May incorrectly included replicated figures for ADC029. This has been corrected this month.
87	NECS	LCD GPOOH: taken as all PCC and HV cases, rest are all cases closed over the phone after clinical triage.
	WMAS	Decrease this month is because previous months' figures incorrectly included online cases which have now been excluded.
89 & 92	WMAS	See comment re item 87.
97 & 98	NWAS	No feedback given on ambulance revalidation; information not collected.
98	NECS	Time is not captured by YAS or LCD.
	SECamb	Null return as not able to provide actual figures.
100 to 101	NWAS	Information not collected.
101	NECS	Time is not captured by YAS or LCD.
105	WMAS	See comment re item 87.

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

106	NWAS	3,832 Directly booked by NWAS 111, 10,126 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.
108	NWAS	Increase due to COVID pandemic.
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	0 Directly booked by NWAS 111, 10,126 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	LAS	North East London: Significant increase this month is due to the creation of a new telephone appointment service for every CCG in North East London.
	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	LAS	South East London – decrease since last month is because most face to face dispositions have ended up with telephone consultations.
120 to 140	NWAS	Information not fed-back or collected. Work in Progress.