

## Data Quality – IUC ADC July 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.

### Comments about data used in KPIs

KPI	Lead Data Provider	Comment
1	Devon Doctors	Increase in abandoned calls in Devon and Somerset is due to reductions in staffing levels, partly due to staff on long term sick and shielding.
2	Devon Doctors	Somerset: Decrease is due to reductions in staffing levels, partly due to staff on long term sick and shielding.
3	Devon Doctors	Somerset: Decrease is due to reductions in staffing levels, partly due to staff on long term sick and shielding.
4	All	Reporting may have been affected this month by the removal of service type 'GP practice extended hours' from DoS.
	Care UK	Outer NW London: No referrals have been made this month to the GP extended hours service (DoS Service Type of 123). Referrals have been included in Dos Service Types 136 and 138 under IUC Treatment Centre.
	IoW	Decrease this month can be attributed to changes in DoS. The only service type included in our 'IUC Treatment service' where appointments are actually booked is 'GP Access Hub' appointments – we do not currently book appointments into the 'IUC Treatment Centre/service'. Part way through July the service we were booking into 'IOW 111 Provider Only - Bookable Telephone Appointment (inc COVID 19)' service ID 2000007481) changed DoS service type from 'GP Access hub' to 'GP Practice Extended Hours'. Its name also changed to 'GP Extended Access Isle of Wight - Direct Booking Telephone Appointments'. This meant that item 112 decreased and item 110 increased. This was a reversal of the action in March when it was changed from GP Ext hrs to GP Access Hub.
	NECS	The numerator includes estimated figures provided by YAS for item 112 'Number of calls where caller given an appointment with an IUC treatment centre' from GPOOH providers. These are estimated by applying the average number of cases GPOOH providers book in for face-to-face appointments to total referrals not already booked within IUC. Zero return for numerator item 109 reflects DoS recategorization of GP Extended Hours services on 29-Jun-2020 to 'GP Access Hubs'.



7	DHU	Derby: ED validation for Derbyshire was switched off due to an Adastra failure which lasted a few hours on 9 <sup>th</sup> July but unfortunately the service was not restored on DoS until 15 <sup>th</sup> July.
	LAS	North East London: Increase in ED validation because LAS started validating 100% of ED cases from 3 <sup>rd</sup> week of June.
	LCW	North Central London: Increase is because ED validation is now configured to be done via the DoS. The first service option is the ED validation service.
	SCAS	Hampshire: Increase may be due to roll-out of 111 First in the Portsmouth area. The CAS should be calling the patients back within 15 mins but aren't which means a SCAS Clinician has to jump on the call and this could be a while later.
10	LAS	North East London: This was calculated using the new logic provided by our commissioners where item 118 now only includes prescriptions issued by CAS clinicians and item 119 now includes only Pharm+ with CPCS excluded.
	SCAS	Item 118 is null. Work needs to happen with the CAS before this data is available. Item 119: We cannot report on this as the National DoS has removed CPCS and PHARM+ so cannot do a lookup. Have used still if Staff member has selected.
12	SCAS	Hampshire: Increase in numerator item 23 is a 111 first issue as we are taking a long time to call the patient back.
13	Devon Doctors	KPI 13B: increase this month in Devon and Somerset figures is due to a reporting change. Previous months figures will be amended and resubmitted.
13 and 14	NECS	LCD GPOOH: PCC appointment slots also being used for triage therefore many appointments are being completed but not as face to face. Due to case closure options it isn't possible to fully track just those which were booked for PCC so all have been included in denominator items 137, 138 & 139.
	NWAS	Information not fed-back or collected. Work in Progress.
	SCAS	NULL. Cannot get this data yet. Work needs to happen with the CAS.
14	LAS	South East London: There continue to be a decline on the number of home residence face to face consultation which have been replaced with telephone consultations.
15	NECS	The numerator includes estimated figures provided by YAS for CAS triages from GPOOH providers. These are estimated using average number of cases referred from IUC which meet the criteria for a CAS triage.  LCD Clinical assessments not yet included in figures.
	SCAS	The numerator is now breakdown of Row 19. The assumption being that all calls passed to a Clinician are then assessed by a Clinician.

## Comments about other data items

Data Item	Lead Data Provider	Comment
4 to 8	SCAS	Pro-rata Calls answered by Calls Triaged by Skillset.
6 and 7	SCAS	Decrease this month is because previous months have been incorrectly counting staff type who completed the call rather than who answered the call at the start. This has now been corrected.
7 & 8	NWAS	No other staff type answers front end calls.
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.
17	NECS	LCD Dental: We had more calls during the peak of Covid as dentists were generally seeing fewer patients than normal and call volumes have decreased since patients have been able to see their own dentists more easily. Variations in staffing levels can also contribute to call answer times and call volumes naturally fluctuate particularly over the summer.
	NWAS	Figures reflect improved SLA.
	WMAS	Low call answering times are due to high staffing levels and calls being force answered if an agent is available. It is faster than human reaction speeds because a computer delivers them.
18	NECS	Increased call volume in July is due to fluctuation in staffing levels, particularly at the moment with some staff having to isolate and unable to work from home for the CABS service.
19 to 22	IC24	Figures for previous months Aug 19 - May 20 inclusive only included the call back time if the call was considered urgent, rather than any call due to a call back by a clinician. The code has now been amended, hence the call back time is showing much higher this month.
22	SCAS	Hampshire: Increase is due to roll-out of NHS 111 First. The issue is if the CAS doesn't call the patient back it could be up to an hour before one of the SCAS clinicians do so.
27 and 28	Dorset HealthCare	Currently unable to identify what sort of clinician entered the data so all clinician cases entered into item 27.
29	NWAS	No other distinguishable staff type.
31 to 33	NWAS	Staff types not available at NWAS111.
31 to 38	Devon Doctors	Somerset: The calculation for item 38 has been updated this month to reflect the sum of the metrics 31-38 which should add up to metric 30. We are investigating the mapping of all calls assessed by clinical staff as we are currently only picking up calls assessed by GP and ANP. Our resubmissions will show 38 as a catch all until the correct mapping is established.
	Dorset HealthCare	Currently unable to identify what sort of clinician entered data so all clinician cases entered into item 38.

32	NECS	LCD GPOOH: Change since last month is due to changes in locum/agency staff types covering shifts.
	SCAS	SCAS has no ANP.
34	NWAS	Includes estimates for clinical contacts relating to external clinicians / referrals. Estimation - 20,378 known NWAS CA, 40,743 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.
	NECS	Figures provided by YAS for CAS triages from GPOOH providers are estimated using average number cases referred from IUC which meet the criteria for a CAS triage. We do not have access to GPOOH data so cases are grouped as 'Calls assessed by another type of clinician' as so do not know the clinician types for the subtotals.
42	DHU	Increase across all areas except Milton Keynes is due to a change in 111 software affecting the pop-up box related to this question.
	NWAS	Service not offered - Clinical advice is only given by a clinician.
45-48	NWAS	Relates to COVID SA activity.
52	NWAS	COVID SA's recommend pharmacist through triage.
46	NECS	Figures provided by YAS are estimated to account for blank Dx codes and Dx108 early exits. The estimates are based on manual audits of Adastra cases. 66% of cases with blank Dx codes are categorised as an ED referral, with the remainder categorised as self-care. 89% of cases with a Dx108 early exits handled by a health advisor only, but with advice given to the health advisor by a clinical member of staff are categorised as an ED referral, with the remainder categorised as 'other outcome'.
55	NWAS	COVID SA's recommend self-care through triage.
56	NECS	Figures provided by YAS are estimated to account for blank Dx codes and Dx108 early exits. See item 56 for details.
59	NECS	Figures provided by YAS are estimated to account for blank Dx codes and Dx108 early exits. See item 56 for details.
64	NWAS	Increased demand due to COVID Pandemic.
67	NWAS	Reduction in referrals compared with last four months pandemic demand.
69	NECS	Figures provided by YAS are estimated to account for blank Dx codes and Dx108 early exits. See item 56 for details.
72	NECS	Figures provided by YAS are estimated to account for blank Dx codes and Dx108 early exits. See item 56 for details.
85	NECS	Figures provided by YAS are estimated to account for blank Dx codes and Dx108 early exits. See item 56 for details.
87	NECS	LCD GPOOH: taken as all PCC and HV cases, rest are all cases closed over the phone after clinical triage.
97 & 98	NWAS	No feedback given on ambulance revalidation; information not collected.

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

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	Calls referred to DoS Service with secure information transfer not recorded.
106	NWAS	4,395 Directly booked by NWAS 111, 10,532 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	3 Directly booked by NWAS 111, 10,532 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	Known 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.
136 to 140	NECS	LCD GPOOH: PCC appointment slots also being used for triage therefore many appointments are being completed but not as F2F. Due to case closure options it isn't possible to fully track just those which were booked for PCC so all have been included in items 136 to 140.