

Data Quality – IUC ADC August 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	DHU	There were a number of days in August where the number of calls received surpassed forecasted volumes and there was not enough call resource present to meet demand. The impact of this was an increase in call answer time which also increased the number of abandoned calls and the abandoned call answer time.
	Dorset HealthCare	August was a difficult month due to an increase in demand that didn't always match the shift pattern. More calls than expected were received in the mornings during the week, especially Mondays, rather than weekday evenings and weekends.
	LAS	South East London: call answering performance generally improved in the month of August but figures are affected by a few days towards the end of August with longer answering times and high abandonment rates.
	NEAS	Deterioration in KPIs 1 – 3 is due to the following: <ul style="list-style-type: none"> Extremely high call demand (call profile across the week has changed with significant pressures on Mondays). NHS 119 (National Covid-19 testing) falling over due to demand, with patients then calling 111. National Covid-19 CAS switched off their DoS profile during peaks in demand so patients who triaged online were directed to call 111 and Covid assessment clinical calls were retained in-house rather than streamed out during these periods. 999 also busy which meant we were unable to utilise dual trained HA's to support 111.
	NECS	LCD Dental: Insufficient numbers of appointments meant that patients who needed an appointment were advised to ring round local dentists. Many then phoned back until they got an appointment increasing the number of calls and pushing up wait times. Calls are then more complicated because repeat patients are often more challenging which makes calls longer. Patients also are more likely to hang up to try again later after hearing their position in the queue. This also pushes up the total call volume.

	NWAS	Service level performance in August was affected by the following factors: <ul style="list-style-type: none"> Increased call volumes. Covid – rising cases in Bolton plus an outbreak declared at Middlebrook causing significant staff loss, in particular staff identified by NWAS Track and Trace needing to isolate following contact with positive cases on site. New SPMS System - Cleric training delivered to all call handling staff (600+) throughout August ahead of go live on the 16th September. This meant large groups being taken offline nearly every day in July and August. 111 First - Huge recruitment programme to prepare for the national go live of 111 First on 1st December impacted on front line resources in the form of training support and preceptors to support new starters once they are out of training.
	SCAS	Service levels affected by increase in in-hours calls rather than OOH.
	WMAS	Demand in August was higher than expected.
2	DHU	See comment re KPI 1.
	Dorset HealthCare	August was a difficult month due to an increase in demand that didn't always match the shift pattern. More calls than expected were received in the mornings during the week, especially Mondays, rather than weekday evenings and weekends.
	LAS	South East London: see comment re KPI 1.
	NEAS	See comment re KPI 1.
	NECS	See comment re KPI 1.
	NWAS	See comment re KPI 1.
	SCAS	See comment re KPI 1.
	WMAS	See comment re KPI 1.
3	Devon Doctors	Somerset: Decrease due to clinical staff shortages.
	DHU	All contract areas across DHU saw a fall in KPI 3 in August when compared to the previous month. There has been an increase in the number of calls offered a clinician call back compared to the previous month although there has not been an equal increase in volume where the clinician call back occurred within 10 minutes. It is probable that this is a knock-on effect of an increase in call volumes as COVID related cases began to increase again.
	IC24	Call-backs increased in line with increased activity from Covid.
	LAS	Operating a minimum call back of 15 mins rather than 10 mins across both contract areas, plus the clinical queue was struggling due to increased demand for revalidation of all ED cases.
	LCW	Decrease this month reflects increased COVID activity plus impact of 111 First. Call volumes due to the initiative 111 First were expected to increase by 20% over the baseline but in August we were experiencing up to 40% over.
	NEAS	See comment re KPI 1.
	WMAS	Demand in August was higher than expected so resources struggled to meet demand.

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

4	All	Reporting of the component figures of this KPI have been affected by the DoS recategorization of GP Extended Hours services on 29 Jun 2020 to 'GP Access Hubs'.
	DHU	LINCS: Fall appears to be due to no direct bookings into OOH PCC Spalding in August whereas direct bookings were made in July. There was also a noticeable drop in the number of direct bookings made into Stamford. LEICESTER: The number of direct bookings into IUC Treatment Centres remains similar to the previous month although there was a large increase in the number of referrals without a direct booking in August. This increase in IUC TC referrals is largely made up of an increase into GP Clinical Navigation Hubs.
	IC24	Bookings into IUCs increasing with the update of direct appointment bookings within the service; more providers onboarding day by day.
	LCW	North Central London: Drive to increase bookings to GP Extended hours hubs has not been picked up due to ADC reporting suite returning zero for data items 109 and 110.
	NECS	Zero return for numerator item 109 reflects DoS recategorization of GP Extended Hours services on 29-Jun-2020 to 'GP Access Hubs'. These are now grouped under Item 111, 'DoS selections - IUC Treatment Centre' in accordance with the ADC spec.
5	DHU	Lincs and Notts: There were month-on-month increases in referrals into UTC over the previous few months starting April and an increase in the number of UTC direct bookings over the same period. Growth in bookings has not increased at the same rate as referrals without a direct booking therefore causing a continuing fall in the % of referrals with a direct booking.
	IC24	Bookings into UTCs increasing with the update of direct appointment bookings within the service; more providers onboarding day by day.
	LAS	North East London: decrease is because NEL now deals with more out of area UTC cases referred - about 45% of Item 113 was out of area referred using the DoS with no appointment slots available to LAS as they are non-LAS commissioned UTC services.
	LCW	North Central London: Decrease is due to a drive to increase bookings to GP Extended hours hubs. (Data items 109 and 110 should reflect this but the ADC reporting suite is returning zero.)
6	LAS	LAS facing a shortage in CDSS clinicians which may explain why some Ambulance referrals were sent unvalidated.
	NEAS	KPI affected by clinicians having to prioritise higher acuity calls. Furthermore, clinical capacity reduced every time the National Covid-19 CAS DoS profile was switched off.
7	DHU	The query that sits behind the ADC report failed to pull through ED revalidations for all dates in August.
	LCW	North Central London: Increase is because the London validation target is now 85%.
8 & 9	LCW	Denominators subject to revision - known double-counting issue in numbers of triaged calls.

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

12	LCW	Denominator subject to revision - known double-counting issue in numbers of triaged calls.
15	LCW	Denominator subject to revision - known double-counting issue in numbers of triaged calls.
	NECS	LCD Clinical assessments not yet included in figures.

Comments about other data items

Data Item	Lead Data Provider	Comment
4 to 8	SCAS	Pro-rata Calls answered by Calls Triaged by Skillset.
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	Care UK	This month far and above the number of expected calls were taken due to the coronavirus issue, particularly calls from people who were unable to book tests online or via 119 or those requiring symptom management advice. The impact resulted in 248% of expected volume for this time of year.
	Devon Doctors	Devon: Surge in calls received not matched by staffing levels.
	DHU	See comment re KPI 1.
	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.
18	Care UK	Comment re item 17 applies.
	Devon Doctors	Devon: Surge in calls received not matched by staffing levels.
	DHU	See comment re KPI 1.
22	DHU	NORTHANTS: Drop from July to August is a result of an error in the script that ran the July report which resulted in some duplication prior to aggregation. This error has now been fixed.
	Devon Doctors	Somerset/Devon: Increases due to clinical staff shortages.
24-29	LCW	Known double-counting issue in numbers of triaged calls. Data subject to revision.
29	NWAS	No other distinguishable staff type.
31 to 33	NWAS	Staff types not available at NWAS111.

32	NECS	LCD GPOOH: Change since last month is due to changes in locum/agency staff types covering shifts and to the large case volume this month. Also, more accurate staffing list has led to variance between Nurses and ANPs (Q32 and Q34) this month.
	SCAS	SCAS has no ANP.
34	NECS	See item 32 for comment about variance between two items this month.
	NWAS	Includes estimates for clinical contacts relating to external clinicians / referrals. Estimation - 19,359 known NWAS CA, 43,628 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.
44	IC24	Upwards trend reflects more SA's in the service and Covid activity.
45-48	NWAS	Relates to COVID SA activity.
52	NWAS	COVID SA's recommend pharmacist through triage.
55	NWAS	COVID SA's recommend self-care through triage.
56	Devon Doctors	Somerset and Devon: Nil returns this month because the data extraction query for items 54 (attend another service) and 56 (other outcome) was previously pulling the same dx codes, hence double counting. All historical submissions will be updated to reflect this change.
58	Devon Doctors	Somerset: Decrease this month is because the data extraction query for items 58 (ED dispositions HA) and 71 (ED dispositions CA) was previously pulling the same dx codes, hence double counting. All historical submissions will be updated to reflect this change.
59	Devon Doctors	Somerset: Nil return this month is because the data extraction query for items 59 (ED health advisor) and 72 (ED clinical advisor) was previously pulling the same dx codes, hence double counting. All historical submissions will be updated to reflect this change.
64	NWAS	Increased demand due to COVID Pandemic.
87	NECS	LCD GPOOH: taken as all PCC and HV cases, rest are all cases closed over the phone after clinical triage. The split between clinician types for triage is purely down to the rotas that are in place during the month so will always fluctuate but predominantly we are a GP lead service. Overall August is usually a busy month as it includes the Bank Holiday, so we expect to see an increase across the board. as we have a whole extra day where we would offer appointments and visits.
97 & 98	NWAS	No feedback given on ambulance revalidation; information not collected.
98	NECS	Time is not captured by YAS or LCD.
100 to 101	NWAS	Information not collected.

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

101	LCW	North Central London: Decrease is probably related to the fact that ADC reporting procedures have not been updated so data item 101 is missing cases validated via the DoS.
	NECS	Time is not captured by YAS or LCD.
	SCAS	Disproportionate increases are probably due to impact of SCAS Clinicians taking NHS 111 First calls.
105	NWAS	Calls referred to DoS Service with secure information transfer not recorded.
106	NECS	The reduction in appointments available to book into explains the reduction in callers who were given an appointment. See comments re KPIs 1&2.
	NWAS	4,526 Directly booked by NWAS 111, 12,254 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, 12254 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+.
	SCAS	NULL. Cannot get this data yet. Work needs to happen with our CAS.
119	NWAS	Calls ending in Dx80, 85, 86 and 87 which are PHARM+ (NUMSAS no longer in use).
120	NECS	LCD GPOOH: overall August is usually a busy month as it includes the Bank Holiday so we expect to see an increase across the board. as we have a whole extra day where we would offer appointments and visits. 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.