Data Quality – IUC ADC September 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

- **NWAS** was unable to provide any IUC ADC data this month due to issues with its new Patient Management system (Cleric). Care should be taken when interpreting figures at the national level data due to missing NWAS data.

- **Vocare** were able to provide telephony data only this month. Impacts data for the following contract areas: **Staffordshire, South West London, Cornwall, BaNES and Wiltshire & Swindon.**

- The following clarification about clinical validations was added to the IUC ADC glossary in October which will impact data items submitted by some providers for **KPIs 6 & 7**: *For the purpose of the ADC, a call can be counted as validated if it has had clinical input at any point during the call. This includes calls front ended by clinicians as well as those that are transferred to a clinician (or result in call back from a clinician) following a call handler Pathways assessment. Calls front-ended by a clinician will have a zero wait time to validation.*

Comments about data used in KPIs

KPI	Lead Data Provider	Comment
1	BRISDOC	We experienced a surge in demand at the start of September due to Covid-related calls that then subsided. This was due in part to concerned callers unable to reach 119 and then calling 111.
	Care UK	40% more calls than usual contracted levels received due to Covid resulting in longer queuing time. Covid asymptomatic lines referring patients online and to 119 for testing queries also increases abandonment rates.
	DHU	Analysis of daily trend through September shows that the percentage of calls abandoned was at its highest on the 10th and 14th with other noticeable increases on Mondays. Performance improved in the latter half of the month.

	LAS	We had increased level of demand in the week students were going back to school and the week after, with numbers decreasing after that. Covid calls made up high levels of the increased demand.
	WMAS	Figures reflect periods with calls considerably higher than forecast, primarily during the day on weekdays. For some hours of the day this was almost 3 times more than we would have expected. Early September when the children went back to school saw an increase in the number of calls for paediatrics for Covid home care advice.
2	BRISDOC	See comment re KPI 1.
	Care UK	See comment re KPI 1.
	DHU	Like KPI 1, the % of calls answered in 60 seconds improved in the latter half of the month. Performance was reduced on Mondays when compared to other days of the week and on the first two Tuesdays of the month.
	LAS	See comment re KPI 1.
	WMAS	See comment re KPI 1.
3	DHU	Performance improved towards the end of the month. At the start of the month there was an increase in the number of calls offered into the service arising from pressures relating to Coronavirus and in particular pupils returning to school and students returning to universities. The average number of calls offered into the 111 service was considerably higher in the first half of September when compared to the latter half of the month.
	LAS	See comment re KPI 1.
	WMAS	See comment re KPI 1.
6	Devon Doctors	Somerset drop since last month due to us double counting (over previous months) some ED dispositions as ambulance dispositions. This has now been rectified.
8	BRISDOC	Increase due to the increase in Covid-related calls, commonly resulting in a self-care outcome.
9	Devon Doctors	Numerator (item 94) is zero this month due to revised methodology which has removed items that were previously being double counted in item 81.
10	Care UK	An operational change has affected the denominator (item 117).
13 &14	NECS	LCD GPOOH: Currently PCC appointment slots are being also 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 data items 136 - 140.
15	NECS	LCD Clinical assessments not yet included in figures.

Comments about other data items

Data Item	Lead Data Provider	Comment
14 to 16	NECS	LCD Dental do not have the ability to breakdown calls Q014-Q016.

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

17	Devon Doctors	Increase in Somerset's total call answer time partly due to updated reporting methodology of AHT to include wrap up time.
83	Devon Doctors	Item is zero this month due to revised methodology which has removed items that were previously being double counted in item 81.
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.
98	NECS	Time is not captured by YAS or LCD.
101	NECS	Time is not captured by YAS or LCD.
120	LAS	NE London - Increase in telephone consultation in care homes has reduced the number of face to face consultations due to the pandemic.
	NECS	Known data quality issue with data received from a GP OOH provider.
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.

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