IUC ADC October 2020 – data quality

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, reasons for changes since last month and reasons for differences to similar data items in the NHS 111 Minimum Data Set (MDS).

BRISDOC

Comments for 111AI5 Bristol, North Somerset & South Gloucestershire:

Data item	Description	Comments
KPI 4: Q112/Q111	Proportion of calls where caller given an appointment with an IUC Treatment Centre	Figures are lower than expected as these cases go into the CAS dispatch queue in order to manage workflow. This process has been in place since the initial Covid outbreak.

CARE UK

No comments received.

DEVON DOCS

Comments for 111AI6 Devon:

Data item	Description	Comments
Q017	Total time to call answer	In addition to the decrease in number of calls offered, we have revised our forecasting model in addition to recruiting more staff. This has had a positive result on performance.
KPI 6: Q097/Q096	Proportion of calls initially given a category 3 or 4 ambulance disposition that are revalidated	An error had occurred in the reporting template which has now been identified and removed. Thank you for bringing this to our attention. The actual performance is 93.8% In the event of a new re submission window becoming available next year we will resubmit the data.
KPI 9: (Q081+Q094) / (Q027+Q028)	Proportion of callers recommended self-care at the end of clinical input	This metric is under revision as we discovered double counting in the numerator, hence a fall in performance. We are currently looking at the DX Code mapping in Adastra regarding the denominator and further updates are expected.

Comments for 111AH8 Somerset:

Data item	Description	Comments
Q017	Total time to call answer	In addition to the decrease in number of calls offered, we have revised our forecasting model in addition to recruiting more staff. This has had a positive result on performance.
Q024	Number of calls where person triaged	The IUCADC triaged call count is showing a figure 17.9% higher than the corresponding figure in the 111MDS dataset. After extensive revision of the data extraction methodology during October, we re-mapped several

		disposition outcomes which were using the incorrect DX codes or missing DX codes. This was signed off in time for the monthly IUCADC SDCS submission, but not for the weekly collections. Our triage figures are now aligned with the data received from PPG and our CAS.
Q030	Calls assessed by a clinician	As we are operating a 100% triage model, all calls triaged are now include in this KPI. This is a revision to previous methodology.
KPI 7: Q100/Q099	Proportion of calls initially given an ED disposition that are revalidated	Clinical validation methodology was updated by NHSE leading to increased validation performance

DHU

Comments for 111AA5 Derbyshire:

Data item	Description	Comments
KPI 7: Q100/Q099	Proportion of calls initially given an ED disposition that are revalidated	Analysis appears to show that a new referral category ID was introduced partway through the month and is not being captured within the ED validations figures for the purposes of the IUC ADC submission. Will investigate further and make amendments if required.

Comments for 111AC8 Leicestershire & Rutland:

Data item	Description	Comments
KPI 5: Q114/Q113	Proportion of calls where caller given an appointment with a UTC	Drop in activity this month relates to Loughborough Urgent Care Centre. Mapped Dx Codes for this metric show that activity in October into the LUCC only coming from where Dx Codes = Dx02, Dx03, or Dx89.

Comments for 111AC7 Milton Keynes:

Data item	Description	Comments
KPI 7: Q100/Q099	Proportion of calls initially given an ED disposition that are revalidated	Script to pull data is set up so that it only identifies where a revalidation has taken place within our services. MK ED validations are undertaken within Northants Urgent Care(?) which we are unable to link to our 111 dataset so therefore are not being counted.

Comments for 111AC6 Northamptonshire:

Data item	Description	Comments
KPI 7: Q100/Q099	Proportion of calls initially given an ED disposition that are revalidated	Northants ED validation data does not seem to be being pulled through correctly in the script. Will investigate this issue further.

Comments for 111AA4 Nottinghamshire:

Data item	Description	Comments
KPI 7: Q100/Q099	Proportion of calls initially given an ED disposition that are revalidated	Script to pull data is set up so that it only identifies where a revalidation has taken place within our services. Notts ED validations are undertaken outside of our contracted services so therefore are not being counted.

DORSET HC

Comments for 111AI4 Dorset:

<table>
<tr><th>Data item</th><th>Description</th><th>Comments</th></tr>
<tr><td>Q012</td><td>Number of calls answered within 60 seconds</td><td rowspan="2">The September to October reduction (abandoned) and increase (calls answered in 60 seconds) was a result of a combination of factors of which the main ones are:
Calls received: This reduced from an excessively high September figure which is believed to be due largely to schools returning
Covid Response Service: From 6 October this service was fully active, thus reducing calls to the service
Additional Staff: More service advisors and clinicians working in October as result of ongoing recruitment drive
Covid Leave: Less staff isolating in October</td></tr>
<tr><td>Q013</td><td>Number of calls abandoned</td></tr>
<tr><td>KPI 9:
(Q081+Q094)
/
(Q027+Q028)</td><td>Proportion of callers recommended self-care at the end of clinical input</td><td>The current level reported is acknowledged as lower than we believe it is. The main reasons why the full number of self-care outcomes aren’t reported is:
There is some evidence that clinicians are choosing ‘Other’ as an overall Outcome for a case, rather than Home Management which would be recorded as Self-care. The option of ‘Other’ is due to be removed from SystmOne soon.
We can’t always identify GPs or senior clinicians who record Non-Pathways dispositions and are making improvements to focus on our calculation method for Non-Pathways dispositions.</td></tr>
</table>

HUC

Comments for 111AI3 West Essex:

Data item	Description	Comments
KPI 5: Q114/Q113	Proportion of calls where caller given an appointment with a UTC	96% of cases went to UTC at PAH Harlow and their system cannot accept Direct Bookings hence the percentage is low.

IC24

Comments for 111AG8 Norfolk including Great Yarmouth and Waveney:

Data item	Description	Comments
KPI 4: Q112/Q111	Proportion of calls where caller given an appointment with an IUC Treatment Centre	The KPI doesn't include non-bookable dispositions. Some cases have a disposition mapped to non-bookable but it does have an appointment facility on the DoS.
KPI 5: Q114/Q113	Proportion of calls where caller given an appointment with a UTC	

IOW

No comments received.

LAS

Comments for 111AH5 North East London:

Data item	Description	Comments
Q013	Number of calls abandoned	Number of abandoned calls in October dropped nearly 83% compared to September, although the calls received volume dropped only 11% - due to additional HA staff added to the service.

Comments for 111AD7 South East London:

Data item	Description	Comments
Q024	Number of calls where person triaged	The IUCADC count of calls triaged (item 24) is 8.2% higher than the corresponding 111MDS item (5.11): this has been an ongoing issue and we are investigating.

LCW

No comments received.

NEAS

Comments for 111AA1 North East:

Data item	Description	Comments
Q001	Number of calls received	IUCADC return is nearly 10% lower than corresponding item value in 111MDS : this relates to our recent telephony system switchover. At the point of submission of the weekly 111 data the number of calls offered

		was inflated. This issue was resolved in time for the ADC submission, which therefore corrects this value.
KPI 4: Q112/Q111	Proportion of calls where caller given an appointment with an IUC Treatment Centre	There was a change of process earlier in the year which has meant that face-to-face appointments at some services have been stopped. Selections of these services result in a call back by these services instead, which would not be picked up in the same way as booking into a time slot.
KPI 12: Q023/Q024	Average time to telephone assessment outcome	Average call answer times have increased with the overall average further increasing in October by 67 seconds. This is the result of AHT increasing due handling process changing as part of the new telephony system as well as further increases in Health Advisor absence in October. As a result, call answer performance reduced by 4% although call answer volumes were 17.68% lower per day against the previous month.

Fields returning as 0 in SDCS – NULL/0/Technical faults

4, 6, 7, 8 – Number of calls answered by staff role: **NULL** – We do not have the capability to split these calls answered according to the individual role of the staff member.

9 - Calls transferred from the Ambulance Service: **NULL** – NEAS operates an integrated 999 and 111 service.

11 - Unscheduled IUC attendances: **NULL** – We do not possess this data regarding the commencement of episodes of care by IUC Providers without prior 111 calls or bookings via the 111 service.

14, 15, 16 - Calls abandoned in 30 seconds or less/ 60 seconds or less / after 60 seconds: **NULL** – We do not presently have the capability to extract this information.

18 - Total time of abandoned calls: **NULL** – We do not presently have the capability to extract this information.

23 - Total time to telephone assessment outcome: **NULL** – We do not capture the timestamp at which the final disposition is reached regarding clinical (PW and non-PW clinicians) interactions. We have timestamps to indicate that clinical involvement has been completed, but this may not reflect the time at which the final disposition was reached.

25 - Activity within the IUC Service By Service Advisor: **NULL** – At present we do not have the ability to differentiate between Service Advisors and Health Advisors in terms of triage activity.

33 - Calls assessed by a mental health nurse: **Genuine 0** – we are currently unable to differentiate skill types of clinicians within the Cleric environment. These assessments will fall into item number 34.

36 - Calls assessed by a dental nurse: **Genuine 0** – we are currently unable to differentiate skill types of clinicians within the Cleric environment. These assessments will fall into item number 34.

38 - Calls assessed by another type of clinician: **Genuine 0**.

42 - Number of calls with clinician input into the assessment but where the clinician has not spoken to the caller: **NULL** – We do not have the ability to record these instances.

44 - Service Advisor Dispositions: **NULL** – We do not have the ability to distinguish between Service Advisor and Health Advisor calls at present, therefore fields 44 to 56 are not available.

91 - Callers recommended to contact or speak to a pharmacist at the end of the non-Pathways clinician input: **Genuine 0**.

92 - Calls recommended prescription medication at the end of the non-Pathways clinician input: **Genuine 0** – these must be calls which end as a specific disposition code. These cases will be completed in SystmOne but may not have the ADC defined disposition codes for prescription medication as the selected disposition in this clinician interaction.

118 - Number of calls where prescription medication was issued within your service: **Genuine 0** – As with 92 prescription medication is issued within SystmOne cases but ADC guidelines specify that these must be associated to a set list of disposition codes. These cases may not have one of the specific disposition codes selected as the outcome in this clinician interaction.

126 - Number of patients receiving a face to face consultation in an IUC Treatment Centre: **NULL** – We do not possess information regarding the number of consultations received at IUC Treatment centres.

127, 128, 129, 130 - Number of face to face IUC Treatment Centre consultations received within 1 hour / 2 hours / 6 hours / other timescale: ***NULL*** – We do not possess information regarding the number of consultations received at IUC Treatment centres.

136 - Number of patients requiring a face to face consultation in an IUC Treatment Centre: **NULL** – As per the numerator (126) we do not possess this specific detail.

137, 138, 139, 140 - Number of face to face IUC Treatment Centre consultations required within 1 hour / 2 hours / 6 hours/ other timescale: **NULL** – As per the numerator (127, 128, 129, 130) we do not possess this specific detail.

141 - Number of 111 online contacts where the person was triaged and received clinical input: **NULL** – We presently do not have the ability to extract this information into our reporting systems.

NECS / YAS / LCD

Comments for 111AI7 Yorkshire and Humber:

Data item	Description	Comments
KPI 9: (Q081+Q094) / (Q027+Q028)	Proportion of callers recommended self-care at the end of clinical input	Last month LCD Dental figures made up 15% of the call volumes. It looks as though the YAS figure dropped slightly between September and October, but it's the LCD Dental figure that is very low which may just be related to the types of problems that they are dealing with.

Q098, Q101 Time is not captured by YAS or LCD
Q120 This relates to a data quality issue with data received from a GP OOH provider, we are currently investigating**.**
Q121, Q126 Validation not correct based on latest feedback as 121 & 126 may include cases where they were not seen within the required timescales

Re KPI 15 we are still working through this to identify a methodology to reflect the clinical assessments done by LCD. We'll continue with this and will aim to resubmit the data before the resubmission window closes.

LCD GPOOH
Q87 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 this will always fluctuate but predominantly we are a GP lead service. I can only assume that we had fewer triaging nurses in May, I know we did take on a lot of locum staff to support us with the increase in activity due to covid in April so this may have affected the month on month comparison too. Currently PCC appointment slots are being also 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 Item 136 - 140.

LCD Dental
Q13 - LCD Dental do not have the ability to breakdown calls Q014-Q016
Q12 - use a different report within our telephony system to produce this number as this is what they use to report to commissioners. For some reason there are two different reports that supposedly give the same no calls answered in 60s though its not clear why the two do not match across the system. However, for continuity I have been asked to use this other report so from now on item Q12 will always look much higher than previous months.
Q17 - queried difference to last month with provider: *We did have 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. We do have varied staffing levels which can contribute to the call answer times too. Also the call volumes naturally fluctuate particularly over the summer so this variance month on month is to be expected*.

RJL - North Lincs Goole NHSFT
October 2020 data - NECS queried some of the differences between this and the September data, they will resubmit September data after it has been corrected ready for a resubmission window.
Data for GP OOH providers includes
8GY92-LCD
NNJ-DHU on behalf of Bassetlaw GPOOH (Y00814),
Y01173-Sheffield GP Collaborative,
RCD-Harrogate & District,

NL3-CARE PLUS,
YO5222-i-HEART Barnsley,
NNF-City Health Care Partnership CIC,
RFR - Rotherham NHSFT
NXL01 - FCMS
NL0 - Vocare
RJL-Northern Lincolnshire and Goole NHS Foundation Trust

YAS
Unable to provide the direct bookings figures currently due to some ongoing work handling changes Adastra have made to GP OOH service names. Our scripts and assumption lookup tables need to be amended to work with the changes, but we are waiting on some Directory of Services data from Adastra before this can be completed. This will affect both the direct bookings figures and clinical contacts figures/scripts.

NWAS (111AF8 North West)

The North West does not have a single integrated contract covering both NHS111 and CAS; NWAS is the NHS111 provider but its CAS role is limited to validation work undertaken within the 999 service. CAS provision is by a range of providers (predominantly OOH providers) who either initially provided CAS or through being specifically commissioned by CCGs to provide CAS either as a standalone contract or as part of a wider UEC/urgent primary care contract. The Ambulance and NHS111 commissioning team for the North West, hosted by Blackpool CCG therefore does not have responsibility or authority for those CAS contractual relationships and has not had the authority to mandate commissioners and providers to take a collective approach to the IUC ADC.

The recent work to increase the availability of CAS capacity to support the implementation of NHS111 First has provided fresh impetus to find a common NW solution to the IUC ADC. The NW NHS111 First Programme Board agreed that CCGs should be mandated to support a NW data collection, submission and reporting arrangement with Midlands and Lancashire CSU (MLCSU), in their capacity as the CSU used by the host of the Ambulance and NHS111 commissioning team, Blackpool CCG.

Discussions are currently taking place with MLCSU to develop a data warehouse function with the necessary data sharing agreements in place. It is anticipated that initially MLCSU will take over the data submission from NWAS to include the 111 data with other providers' data being added incrementally with a full NW solution in place by April 2021.

ADC data item	Comments
7	No other staff type answers front end calls.
8	No other staff type answers front end calls.
9	We do not receive ambulance calls
10	IUC(CAS) unknown, not recorded
11	we do not count unscheduled IUC attendances.
17	Reflection of SLA and increased demand
29	No other distinguishable staff type
30	5.22 clinical contact figure
31 to 33	staff type not available at NWAS111
34	Estimation - 20352 known NWAS CA, 40631 unknown
35	Paramedic Staff type not distinguishable
36	staff type not available at NWAS111
37	Pharmacist Staff type not distinguishable
38	MTS clinician at NWAS
42	Service not offered - Clinical advise is only given by a clinician
45	COVID SA with ambulance outcome
46	COVID SA's referrals to ED
48	COVID SA's bookable referrals
55	COVID SA's recommend self-care through Triage
97	No feedback given on ambulance revalidation, information not collected
98	No feedback given on ambulance revalidation, information not collected
100	Information not collected on ED revalidation.
101	Information not collected on ED revalidation.
105	Calls referred to DoS Service with secure information transfer not recorded.

106	4255 Directly booked by NWAS 111, 5881 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
109	GP Extended hours grouped
112	11 Directly booked by NWAS 111 5811 are estimates based on measures agreed with Blackpool Commissioners.
113	UTC Service Type
114	Increased due to 111 First
115	Information not fedback or collected. Work in Progress
117	Total prescription medication, calls ending in dx80, 85, 86 and 87
118	Calls ending in dx80, 85, 86 and 87 which are not PHARM+
119	Calls ending in dx80, 85, 86 and 87 which are PHARM+ (NUMSAS no longer in use)
120 to 140	Information not fedback or collected. Work in Progress

SCAS

Comments for 111AH9 Hampshire & Surrey Heath:

Data item	Description	Comments
Q024	Number of calls where person triaged	The IUCADC item is 8.8% higher than the corresponding data item in the 111MDS dataset because the MDS doesn't include OOA jobs.
KPI 7: Q100/Q099	Proportion of calls initially given an ED disposition that are revalidated	Increase since last month is probably due to 111 First having an impact on clinicians validating calls. We now have 3 CAS Providers and SCAS Clinician dealing with ED Validation.

KPI 12: Q023/Q024	Average time to telephone assessment outcome	With more calls now being validated there are some calls where it takes a while to get a call back, especially over the weekend, which will have pushed up the Total Assessment time since last month.

Data Item Number	Comments
1	SCAS Telephony
2	SCAS Telephony
3	SCAS Telephony
4 to 8	Pro-rata Calls answered by Calls Triaged by Skillset
12 to 18	SCAS Telephony
19	Total of 31-38
30	Total of 31-38
31	Comes from SCAS DWH
32	SCAS has No ANP
33 to 43	Comes from SCAS DWH
102 to 116	Adastra Bespoke report keeps failing, emailed Advanced and no reply so far
117	Comes from SCAS DWH
118	NULL. Cannot get this data yet. Work needs to happen with our CAS
119	Now comes from SCAS DWH using DoS mapping
120 to 140	NULL. Cannot get this data yet. Work needs to happen with our CAS
141	Figures used from 111 Online Portal

SECAmb

Comments for 111AI9 Kent, Medway & Sussex:

Data item	Description	Comments
Q024	Number of calls where person triaged	Reason that the IUCADC number of triaged calls is lower than the corresponding 111MDS figure: during October the service eliminated double counting from its triage activity; this originally arose from issues in Cleric reporting of CAS activity from 1st October. This restatement was reflected in the monthly ADC, but some of the early-October weekly MDS submissions will have included the double counting and will need to be resubmitted at a suitable time window.
KPI 4: Q112/Q111	Proportion of calls where caller given an appointment with an IUC Treatment Centre	Our appointment booking volumes continue to grow month-on-month. The rollout of our digital interoperability programme saw the expansion of GP Connect and Care Connect interoperability during November which will be reflected in next month's ADC.
Q108/Q107	Proportion of calls where caller given an appointment with an in-hours GP practice	
KPI 7: Q100/Q099	Proportion of calls initially given an ED disposition that are revalidated	The ED validation CAS process was only in place in 2 of our 7 ICP areas in October. This has expended during November and will be reflected in the next ADC.

VOCARE

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. No other comments received.

WMAS

Comments for 1111AI8 West Midlands:

Data item	Description	Comments
KPI 7: Q100/Q099	Proportion of calls initially given an ED disposition that are revalidated	Increase since September because ED validations were previously stopped as part of surge management process. There has recently been a focus in trying to increase the validations of ED dispositions