IUC ADC November 2020 - provider comments

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).

IUC ADC data for August 2019 to May 2020 inclusive were revised on 14 January 2021. Some comments in the Data Quality Statements for those months may no longer be relevant where they refer to figures that have since been revised.

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	These cases go into the CAS dispatch queue in order to manage workflow. This process has been in place since the initial Covid outbreak.

DEVON DOCS

Comments for 111AI6 Devon:

Data item	Description	Comments
(Q081+Q094) / (Q027+Q028)	Proportion of callers recommended self-care at the end of clinical input	After a review of telephony activity, the performance for November for this metric should be 27.8%. This will be amended in future revisions.

Comments for 111AH8 Somerset:

Data item	Description	Comments
Q030	Calls assessed by a clinician	After review, we found that almost all cases were triaged, hence a rise in performance for October. However, whilst cases are triaged by both Health Advisors and Clinical Advisors, the KPI states Clinical Advisors only. This is reflected in November data.
Q108/Q107	Appointments with an in-hours GP practice / DoS selections in-hours GP practice	There has been an error in the data extraction methodology for November. We have now aligned this to the NHS 111 First methodology. The IUCADC data collection for December will reflect this downturn.
KPI 6 = Q097/Q096	Proportion of calls initially given a category 3 or 4 ambulance disposition that are revalidated	After reviewing the methodology used to validate cat 3/4s and ED dispositions, we became aware that the formula in the template was previously counting the cases that required validation, rather than those that had been validated.
KPI 7 = Q100/Q099	Proportion of calls initially given an ED disposition that are revalidated	As above.

DHU

The ADC submission made by DHU only contains data from DHU111 and the other urgent care arms of DHU Health Care. At present this excludes data from other CAS providers such as the LCHS CAS (in Lincolnshire) and the NEMS CAS (in Nottinghamshire).

Comments for 111AA5 Derbyshire:

Data item	Description	Comments
046 + Q059 + Q072	Number of callers recommended to attend an ED	Difference in ADC and equivalent figures in the 111 MDS is due to a difference in mapping some activity in relation to Dx Code Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This Dx Code is an interim code which has for the 111 MDS been historically mapped to Attend Another Service. However, this is mapped to ED for the ADC. Additionally, where referrals are to Derby CAS or UTCs with a Dx02/Dx03 code, they are mapped to Attend ED in the ADC but in the MDS are mapped to either Attend Primary Care or Attend Another Service.

Comments for 111AC8 Leicestershire & Rutland:

Data item	Description	Comments
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Difference in ADC and equivalent figures in the 111 MDS is due to a difference in mapping some activity in relation to Dx Code Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This Dx Code is an interim code which has for the 111 MDS been historically mapped to Attend Another Service. However, this is mapped to ED for the ADC. Additionally, where referrals are to LLR CAS or UTCs with a Dx02/Dx03 code, they are mapped to Attend ED in the ADC but in the MDS are mapped to either Attend Primary Care or Attend Another Service.

Comments for 111AA2 Lincolnshire:

Data item	Description	Comments
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Difference in ADC and equivalent figures in the 111 MDS is due to a difference in mapping some activity in relation to Dx Code Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This Dx Code is an interim code which has for the 111 MDS been historically mapped to Attend Another Service. However, this is mapped to ED for the ADC. Additionally, where referrals are to Lincs CAS or UTCs with a Dx02/Dx03 code, they are mapped to Attend ED in the ADC but in the MDS are mapped to either Attend Primary Care or Attend Another Service.
KPI 4= Q112/Q111	Proportion of calls where caller given an appointment with an IUC Treatment Centre	Analysis appears to show that in November 2020 roughly half of cases mapped to IUC TC had a referral selection of 'Lincolnshire CAS – GP OOH Service' which does not appear to have been a referral selection the previous month thus increasing the denominator compared to October 2020. During the same period, the number of bookings made decreased. This appears to be due to a drop in the number of overall referrals to the John Coupland Minor Injury Unit.

Comments for 111AC7 Milton Keynes:

Data item	Description	Comments
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Difference in ADC and equivalent figures in the 111 MDS is due to a difference in mapping some activity in relation to Dx Code Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This Dx Code is an interim code which has for the 111 MDS been historically mapped to Attend Another Service. However, this is mapped to ED for the ADC.

		Additionally, where referrals are to MK CAS with a Dx02/Dx03 code, they are mapped to Attend ED in the ADC but in the MDS are mapped to either Attend Primary Care or Attend Another Service."
KPI 7 = Q100/Q099	Proportion of calls initially given an ED disposition that are revalidated	Only a small proportion of calls sent for ED revalidation from Milton Keynes go to the Northants ED Validation service which are counted within our figures. The majority of revalidations are referred to the MK ED CAS which are not included within our services and so therefore are not counted.

Comments for 111AC6 Northamptonshire:

Data item	Description	Comments
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Difference in ADC and equivalent figures in the 111 MDS is due to a difference in mapping some activity in relation to Dx Code Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This Dx Code is an interim code which has for the 111 MDS been historically mapped to Attend Another Service. However, this is mapped to ED for the ADC. Additionally, where referrals are to Northants CAS or UTCs with a Dx02/Dx03 code, they are mapped to Attend ED in the ADC but in the MDS are mapped to either Attend Primary Care or Attend Another Service.

Comments for 111AA4 Nottinghamshire:

Data item	Description	Comments
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Difference in ADC and equivalent figures in the 111 MDS is due to a difference in mapping some activity in relation to Dx Code Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This Dx Code is an interim code which has for the 111 MDS been historically mapped to Attend Another Service. However, this is mapped to ED for the ADC. Additionally, where referrals are to Notts CAS or UTCs with a Dx02/Dx03 code, they are mapped to Attend ED in the ADC but in the MDS are mapped to either Attend Primary Care or Attend Another Service.
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:

Data item	Description	Comments
Q017	Total time to call answer	We had noticed variance over the last few months. During October and November, the phone system swapped over twice, and this has resulted in data issues during those months. For December the data will be totally from the DHC phone system.
KPI 5 = Q114/Q113	Proportion of callers where caller given an appointment with a UTC	Up until November all appointments (required or received) at Poole Hospital were covered in KPI 4 as it was unclear if this was an IUC treatment centre or a UTC. In October we received confirmation that Poole hospital is a UTC. So, from

		November all appointments (required and received) were moved from KPI 4 to KPI 5.
KPI6 = Q097/Q096 KPI 7 = Q100/Q099	Proportion of calls initially given a category 3 or 4 ambulance disposition that are revalidated Proportion of calls initially given an ED disposition that are revalidated	The calculation and data have been reviewed for these two KPIs. Please see table below for the current results. The figures are slightly different due largely to continual ongoing development of the data and calculations.

Reference	Description	Metric	Q2	Oct	Nov
KPI 6	Proportion of calls initially given a category 3 or 4 ambulance disposition that are revalidated	ADC97 Number of calls initially given a category 3 or 4 ambulance disposition that are revalidated	2,316	846	946
		ADC96 Number of calls initially given a category 3 or 4 ambulance disposition	3,697	1,250	1,270
		Percentage Compliance	62.6%	67.7%	74.5%
KPI 7	Proportion of calls initially given an ED disposition that are revalidated	ADC100 Number of calls initially given an ED disposition that are revalidated	1,708	469	1,014
		ADC99 Number of calls initially given an ED disposition	5,501	1,731	1,747
		Percentage Compliance	31.0%	27.1%	58.0%

HUC

Comments for 111AC5 Cambridgeshire & Peterborough:

Data item	Description	Comments
KPI 9 = (Q081+Q094) / (Q027+Q028)	Proportion of callers recommended self-care at the end of clinical input	Clinical Adviser referrals to Selfcare are fairly constant but non-111 referrals to self-care dropped in November. Numbers depend on what box is ticked by clinicians as an outcome. In Adastra they can tick several boxes and usually tick boxes that reflect worsening advice which means we report the highest

		acuity, i.e. if a patient is told self-care, but then is told if they get worse they should go to A&E, the clinician will tick Selfcare and A&E. We then report A&E, as we do not want to under-report ED referrals, etc.

Comments for 111AB2 Hertfordshire:

Data item	Description	Comments
KPI 9 = (Q081+Q094) / (Q027+Q028)	Proportion of callers recommended self-care at the end of clinical input	Clinical Adviser referrals to Selfcare are fairly constant but non-111 referrals to self-care dropped in November. Numbers depend on what box is ticked by clinicians as an outcome. In Adastra they can tick several boxes and usually tick boxes that reflect worsening advice which means we report the highest acuity, i.e. if a patient is told self-care, but then is told if they get worse they should go to A&E, the clinician will tick Selfcare and A&E. We then report A&E, as we do not want to under-report ED referrals, etc.

Comments for 111AG7 Luton & Bedfordshire:

Data item	Description	Comments
KPI 9 = (Q081+Q094) / (Q027+Q028)	Proportion of callers recommended self-care at the end of clinical input	Clinical Adviser referrals to Selfcare are fairly constant but non-111 referrals to self-care dropped in November. Numbers depend on what box is ticked by clinicians as an outcome. In Adastra they can tick several boxes and usually tick boxes that reflect worsening advice which means we report the highest acuity, i.e. if a patient is told self-care, but then is told if they get worse they should go to A&E, the clinician will tick Selfcare and A&E. We then report A&E, as we do not want to under-report ED referrals, etc.

Comments for 111AI3 West Essex:

Data item	Description	Comments
KPI 5 = Q114/Q113	Proportion of callers 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.
KPI 9 = (Q081+Q094) / (Q027+Q028)	Proportion of callers recommended self-care at the end of clinical input	Clinical Adviser referrals to Selfcare are fairly constant but non-111 referrals to self-care dropped in November. Numbers depend on what box is ticked by clinicians as an outcome. In Adastra they can tick several boxes and usually tick boxes that reflect worsening advice which means we report the highest acuity, i.e. if a patient is told self-care, but then is told if they get worse they should go to A&E, the clinician will tick Selfcare and A&E. We then report A&E, as we do not want to under-report ED referrals, etc.

IC24

Comments for 111AH4 Mid & South Essex and 111AG8 Norfolk including Great Yarmouth and Waveney:

Data item	Description	Comments
KPI 7 = Q100/Q099	Proportion of calls initially given an ED disposition that are revalidated	This metric is to improve progress following pilot review.

IOW

No comments received.

LAS

No comments received.

LCW

No comments received.

NEAS
Comments for 111AA1 North East.

Commentary regarding changes to KPIs:

- Abandonment rates have reduced since the previous month, although remain higher than average due to challenging call answer performance.
- Call performance was particularly challenging through the first 2 weeks of November, although started to recover through into December. A factor of this was due to Health Advisor absence rates and challenging 999 call performance during the same period. Average Handling Time increased as a result of Out of Area (OOA) call volumes 97% above last year's monthly average, due to National contingency being invoked on at least 21 occasions – with external providers struggling with Covid-19 absences.
- As with last month, appointments at IUC Treatment Centres remain low. There was a change of process earlier in the year which has meant that face-to-face appointments at some services have been replaced by a call back.

NECS / YAS / LCD
Comments for 111AI7 Yorkshire and Humber (NECS):

Data item	Description	Comments
KPI 4= Q112/Q111	Proportion of calls where caller given an appointment with an IUC Treatment Centre	Reduction this month looks to be caused by recent changes to service names. This should be amended for next month's ADC submission.
KPI 15 = Q030/Q024	Proportion of callers assessed by a clinician	We are still working to identify a methodology to reflect the clinical assessments done by LCD.

Q13-Q16 LCD Dental - we do not have the ability to breakdown calls Q014-Q016
Q17 LCD Dental - 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.
Q081 – LCD: Figures include cases originating from Dx108 code "The call is closed with no further action needed".

Q87 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 this will always fluctuate but predominantly we are a GP lead service.
Q098 we are still working to identify a methodology to reflect the clinical assessments done by LCD.
Q101 Time is not captured by YAS or LCD
Q120 Known data quality issue with data received from a GP OOH provider**.**
Q136-140 LCD GPOOH - 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 - 140.

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

NWAS
Comments for 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.

Discussions are currently taking place to develop a data warehouse function with the necessary data sharing agreements in place with a full NW solution by April 2021.

Practice Plus Group
No comments received.

SCAS
Comments for 111AG9 Thames Valley and 111AH9 Hampshire & Surrey Heath.

Figures are down slightly this month as SCAS was on National Contingency for some of November due to Staff Sickness and Deep Cleaning. Also, some missing data fields due to issues with Adastra. We continue to see more GP involvement as 111 First is rolled out.

SECAmb
Comments for 111AI9 Kent, Medway & Sussex:

Data item	Description	Comments
Q017	Total time to call answer	Median speed to answer is up from 82 secs (Oct) to 105 secs (Nov), plus compound effect of increased call activity.
KPI 4 = Q112/Q111	Proportion of calls where caller given an appointment with an IUC Treatment Centre	We only have direct appointment booking with one IUC Treatment Centre provider, operating in a small part of our area. We will see an expansion of direct booking in the other items (Q108 / Q114) but it is not envisaged in this item.

VOCARE
Vocare were again only able to provide telephony data 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
Q013	Number of calls abandoned	Calls abandoned was higher this month due to a combination of call volumes and staff levels (including self-isolation)
Q017	Total time to call answer	Calls answer time was higher this month due to a combination of call volumes and staff levels (including self-isolation)
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	The sum of these 3 IUC data items is nearly 25% lower than the equivalent figure in the 111 MDS item 5.24 which was 11,040 for November. The breakdown by staff groups appears to be the issue for the IUC and should be rectified in the new year
KPI 12 = Q023/Q024	Average time to telephone assessment outcome	Time to outcome was higher due to a combination of call volumes and staff levels (including self-isolation)