# IUC ADC January 2021 - 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 |
|---|---|---|
| Q012 | Number of calls answered within 60 seconds | Performance affected by a call centre Covid outbreak. |
| Q017 | Total time to call answer | As above |

| Q024 | Number of calls where person triaged | As above |
|---|---|---|
| KPI 7: Q100/Q099 | Calls given an ED disposition that are revalidated / calls given an ED disposition | As above |

**DEVON DOCS**

Comments for 111AI6 Devon:

| Data item | Description | Comments |
|---|---|---|
| Q012 | Calls answered within 60 seconds | During January there was an exceptionally high volume of Covid related absence, mainly in the Exeter Contact Centre. This contributed to the decrease in the SLA for January. |
| Q024 | Calls where person triaged | The 12% decrease in the number of calls triaged is commensurate with the decrease of 12% in number of calls received. A decrease in January activity is also expected after the Christmas period. |

Comments for111AH8 Somerset:

| Data item | Description | Comments |
|---|---|---|

| Q030 | Total time to call answer | We have updated the data extraction query in Adastra and are now able to capture key activity once the pathways patient has come through to our CAS. This activity was not counted previously.  The historic numbers have been updated ready for resubmissions. December total for example is now 6,246. |
|------|---------------------------|-----|

**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 |
|-----------|-------------|----------|
| Q046 + Q059 + Q072 | Number of callers recommended to attend an ED | Difference in ADC and MDS groupings for DxCodes appears to be due to a difference in mapping some activity. Notably, this relates to DxCode Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This DxCode is an interim code which has for the 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. |
| Part of KPI 4: Q112/Q111 | Appointments with a IUC Treatment Centre or home residence / DoS selections IUC Treatment Centre | Overall decrease in number of DoS selections to IUC Treatment Centres resulting in decrease in volume of booked appointments.<br><br>No indication as to reason for decrease in proportion booked however. |

Comments for 111AC8 Leicestershire & Rutland:

| Data item | Description | Comments |
|-----------|-------------|----------|

| Q046 + Q059 + Q072 | Number of callers recommended to attend an ED | Difference in ADC and MDS groupings for DxCodes appears to be due to a difference in mapping some activity. Notably, this relates to DxCode Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This DxCode is an interim code which has for the MDS been historically mapped to Attend Another Service. However, this is mapped to ED for the ADC.<br><br>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 MDS groupings for DxCodes appears to be due to a difference in mapping some activity. Notably, this relates to DxCode Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This DxCode is an interim code which has for the MDS been historically mapped to Attend Another Service. However, this is mapped to ED for the ADC.<br><br>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. |

Comments for 111AC7 Milton Keynes:

| Data item | Description | Comments |
|---|---|---|
| Q046 + Q059 + Q072 | Number of callers recommended to attend an ED | Difference in ADC and MDS groupings for DxCodes appears to be due to a difference in mapping some activity. Notably, this relates to DxCode Dx322 - |

| Data item | Description | Comments |
|---|---|---|
| | | Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This DxCode is an interim code which has for the 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 | Calls given an ED disposition that are revalidated / calls given an ED disposition | 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 MDS groupings for DxCodes appears to be due to a difference in mapping some activity. Notably, this relates to DxCode Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This DxCode is an interim code which has for the 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 MDS groupings for DxCodes appears to be due to a difference in mapping some activity. Notably, this relates to DxCode Dx322 - Speak to a Clinician from our service immediately - Refused Emergency Treatment Centre Disposition. This DxCode is an interim code which has for the MDS been historically mapped to Attend Another Service. However, this is mapped to ED for the ADC.<br>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. |

**DORSET HC**

Comments for 111AI4 Dorset:

| Data item | Description | Comments |
|---|---|---|
| Q013 | Number of calls abandoned | Over the last 6 months there has been a continual recruitment which has doubled the number of call handlers hence reduction in calls abandoned. |
| Q017 | Total time to call answer | The total time to answer calls in January was 616,369 seconds. In December we submitted 5,552,545 seconds which was later found to be a calculation error. The correct figure for December is 1,315,279 seconds. The reduction in call answering time between these 2 months is line with expectations due to recruitment and the increase in establishment figures. |
| Q030 | Time to telephone assessment outcome / Calls where person triaged | The reasons why we believe that the calls were higher is that there were 5 weekends in the month, and also there was a bank holiday. |

**HUC**

Generic Comments for 111AC5 Cambridgeshire & Peterborough / 111AB2 Hertfordshire / 111AG7 Luton & Bedfordshire / 111AI3 West Essex:

Call handling performance was significantly impacted in January 2021 by a significant number of staff contracting Covid 19 infections within the HUC call centres This was coupled with instructions to other staff to self-isolate from NHS Test and Trace. All three HUC call centres were therefore working together for resilience purposes, in order to deal with the Coronavirus outbreak and mitigate some of the performance impact. As staff were able to return to work and call volumes dropped later in January 2021, performance improved.

**IC24**
Comments for 111AH4 Mid & South Essex:

| Data item | Description | Comments |
|---|---|---|
| Part of KPI 4: Q112/Q111 | Appointments with a IUC Treatment Centre or home residence / DoS selections IUC Treatment Centre | We have been working on our DoS audit data and we saw a big decrease after the implementation of "select" first DoS functionality was put in place. While this has improved, you will not have the back dated changes until we complete a resubmission of ADC to see this change on your end.<br><br>We cannot direct book into our own OOH's services, only in-Hours at the moment.<br><br>Home Residence appointments are reducing because we are selecting more and more IUC services on the DoS. During Covid we have moved to a more Consult and Complete Model, which will aim to bring down this measure. Home Visits are reserved those that truly need it.<br><br>The DoS Service Types that being used for this denominator are: 'Integrated Urgent Care (IUC)%' & 'GP Out of Hours Provider (OOH)'. |

| Data item | Description | Comments |
|---|---|---|
| KPI 5: Q114/Q113 | Number of calls where caller given an appointment with a UTC / DoS selections UTC | We are looking for bookings direct into DoS Service Type in ('Urgent Treatment Centre (UTC)', 'Emergency National Response', 'Urgent Care'. There are 3 UTC's that we could book into but they don't fall in to our STP and one of them doesn't accept direct bookings. |

Comments for 111AG8 Norfolk including Great Yarmouth and Waveney:

| Data item | Description | Comments |
|---|---|---|
| Part of KPI 4: Q112/Q111 | Appointments with an IUC Treatment Centre / DoS selections IUC Treatment Centre | Some cases have a disposition mapped to non-bookable but it does have an appointment facility on the DoS. |

**IOW**

Comments for 111AA6 Isle of Wight:

| Data item | Description | Comments |
|---|---|---|
| KPI 9: (Q081+Q094) / (Q027+Q028) | Calls recommended self-care by clinician / calls triaged by a clinician | Outcomes of calls forwarded to our remote Clinical Assessment Services (CAS) - PHL and DAS - are currently not collected - so any 'self-care' outcomes by these clinicians are still not included at this time |

**LAS**

Comments for 111AH5 North East London:

| Data item | Description | Comments |
|---|---|---|
| Q045 + Q058 + Q071 | Emergency ambulance dispositions | Figures may be under-reported - investigation on this issue is ongoing. |
| Q046 + Q059 + Q072 | Callers recommended to attend an ED | Same as above. |

Comments for 111AJ1 North West London:

| Data item | Description | Comments |
|---|---|---|
| Q001 | Number of calls received | The weekly figures submitted in the 111 MDS were missing some calls taking by in health dental and pharmacy on behalf of NWL. Those calls weren't included until mid-January hence the difference in the weekly total and Monthly ADC. |
| Q003 | Number of answered calls | As above |
| Q012 | Number of calls answered within 60 seconds | As above |
| Q017 | Total time to call answer | In January there were less calls abandoned and more calls answered due to the support of In-health and DHU that started Mid-January. |
| Q024 | Number of calls where person triaged | Differences between figures provided in the 111 MDS is because the IUC includes the total cases that were triaged by any provider for NWL; the 111 MDS is a snapshot of cases that have been triaged before 7AM on the day of submission. |
| Q030 | Calls assessed by a clinician | There was improved CAT 3/4 and ED validation in the month of January compared to December 2020 |

| Q045 + Q058 + Q071 | Emergency ambulance dispositions | Figures may be under-reported - investigation is ongoing. |
| Q046 + Q059 + Q072 | Callers recommended to attend an ED | Same as above |

Comments for 111AD7 South East London:

| Data item | Description | Comments |
|---|---|---|
| Q001 | Number of calls received | 111 MDS figures were missing some calls taking by InHealth dental and pharmacy and DHU on behalf of SEL. Those calls weren't included until mid-January hence the difference in the 111 MDS totals and monthly ADC. |
| Q003 | Number of answered calls | As above |
| Q012 | Number of calls answered within 60 seconds | As above |
| Q017 | Total time to call answer | Increase due to pressure on the service in the month of January. |
| Q024 | Number of calls where person triaged | Differences between figures provided in the 111 MDS is because the IUC includes the total cases that were triaged by any provider for NWL; the 111 MDS is a snapshot of cases that have been triaged before 7AM on the day of submission. |
| Q030 | Calls assessed by a clinician | There was improved CAT 3/4 and ED validation in the month of January compared to December 2020 |

| Q045 + Q058 + Q071 | Emergency ambulance dispositions | Figures are under-reported due to systems not including some activity by Clinical Advisors and non-pathways clinicians not recording a final disposition code. |
|---|---|---|
| Q046 + Q059 + Q072 | Callers recommended to attend an ED | As above |
| KPI 7: Q100/Q099 | Calls given an ED disposition that are revalidated / calls given an ED disposition | Incorrect figure entered in error - correct figure was 4,304. |

**LCW**
Comments on 111AD5 North Central London:

| Data item | Description | Comments |
|---|---|---|
| Q013 | Number of calls abandoned | Baseline staffing levels were affected by COVID. As a result, more callers abandoned because they waited too long to be answered during this period. |
| Q017 | Total time to call answer | Baseline staffing levels were affected by COVID. As a result, callers waited longer to be answered during this period. |
| Q045 + Q058 + Q071 | Emergency ambulance dispositions | Figures may be under-reported due to the Adastra system not correctly picking up the data item by agent type. |
| Q046 + Q059 + Q072 | Callers recommended to attend an ED | Figures may be under-reported due to the Adastra system not correctly picking up the data item by agent type. |

| KPI 7: Q100/Q099 | Calls given an ED disposition that are revalidated / calls given an ED disposition | The ADC does not account for the fact that ED validation is carried out via a DoS referral into the CAS. This results with cases having the completed Dx code of ED disposition and not the final outcome one of the validation. There is a user aspect to selection, so individuals can early exit and warm transfer for validation, as staff adjust to the DoS validation method this will continue to decrease.<br><br>Our ED validation rate is 84% for January. |
| --- | --- | --- |

**NEAS**

Comments for 111AA1 North East:

January's data looks different as we have been in national contingency for most of the month and health advisor and clinician activity have therefore reduced. This is due to an outbreak in our EOC which has resulted in significant absence rates.

In addition, we have expanded our clinical input count to include clinical contacts from system providers who have been recently sub-contracted either by ourselves or commissioners. This plugs some of the gaps in previous submissions to provide more accurate figures.

**NECS/YAS/LCD**

Comments for 111AD9 Yorkshire & Humber (YAS/LCD/LCD POOH/LCD Dental):

| Data item | Description | Comments |
| --- | --- | --- |
| Q014-Q016 | Calls abandoned in specified timeframe | LCD Dental do not have the ability to breakdown calls Q014-Q016 |
| Q017 | Total time to call answer | 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. We have varied staffing levels which can contribute to the call answer times too. |
|---|---|---|
| Q087 | Callers recommended to contact primary care services at the end of the non-Pathways Clinician input - bookable | 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, Q101 | Total wait time to category 3 or 4 ambulance validation, Total wait time to ED validation | Time to validation is not captured by YAS or LCD |
| Q120 | Number of face to face consultations undertaken | There is a data quality issue with data received from a GP OOH provider which is being investigated. |
| Q136-140 | Number of patients requiring a face to face consultation in an IUC Treatment Centre | 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

RFR - Rotherham NHSFT

NXL01 - FCMS

NL0 - Vocare

RJL-Northern Lincolnshire and Goole NHS Foundation


Data for NNF City Health Care Partnerships is not included for January.


**NWAS**

Comments for 111AF8 North West including Blackpool:

| Data item | Description | Comments |
|---|---|---|
| Q04-Q06 | Calls answered by Service Advisor, Health Advisor, Clinical Advisor | Currently unable to split telephony to this detail due to new Telephony system. |
| Q07-Q08 | Calls answered by non-Pathways Clinician, other | No other staff type answers front end calls. |
| Q09 | Calls transferred from the Ambulance Service | We do not receive ambulance calls |
| Q10 | External clinician calls to Clinical Assessment Service (CAS) | IUC(CAS) unknown, not recorded |

| Q11 | Unscheduled IUC attendances | Not counted |
|---|---|---|
| Q14-Q16 | Calls abandoned in 30 seconds or less | Currently unable to split telephony to this detail due to new Telephony system. |
| Q29 | Number of calls where person triaged by another staff type not within the other 4 categories | No other distinguishable staff type |
| Q30 | Calls assessed by a clinician | Under-reported - excludes unavailable telephony data (Clinical Front-end calls) |
| Q31-Q33 | Calls assessed by a general practitioner, advanced nurse practitioner, mental health nurse | staff type not available at NWAS111 |
| Q34 | Calls assessed by a nurse. | Estimation - 20730 known NWAS CA, 42,161 unknown |
| Q35 | Calls assessed by a paramedic | Paramedic Staff type not distinguishable |
| Q36 | Calls assessed by a dental nurse | staff type not available at NWAS111 |
| Q37 | Calls assessed by a pharmacist | Pharmacist Staff type not distinguishable |
| Q38 | Calls assessed by another type of clinician | MTS clinician at NWAS |
| Q42 | Number of calls with clinician input into the assessment but where the clinician hasn't spoken to the caller | Service not offered - Clinical advice is only given by a clinician |

| | | |
|---|---|---|
| Q45 | Number of emergency ambulance dispositions at the end of the Service Advisor input | COVID SA |
| Q46 | Number of callers recommended to attend an ED at the end of the Service Advisor input | COVID SA's referrals to ED |
| Q48 | Number of callers recommended to contact primary care services at the end of the Service Advisor input - bookable | COVID SA's bookable referrals |
| Q55 | Number of callers recommended self-care at the end of the Service Advisor input | COVID SA's recommend self-care through Triage |
| Q97-Q98 | Number of calls initially given a category 3 or 4 ambulance disposition that are revalidated | Information not collected |
| Q100 | Number of calls initially given an ED disposition that are revalidated | Information not collected |
| Q105 | Calls referred to DoS Service with secure information transfer | Information not recorded. |
| Q106 | Number of calls where caller given an appointment | 7559 Directly booked by NWAS 111, 9220 are estimated based on measure as agreed with Blackpool Commissioners. |

| Q112 | Number of calls where caller given an appointment with an IUC Treatment Centre | 738 Directly booked by NWAS 111 9220 are estimates based on measures agreed with Blackpool Commissioners. |
|---|---|---|
| Q114 | Number of calls where caller given an appointment with a UTC | Increased due to 111 First |
| Q115 | Number of calls where caller given an appointment with another service | Information not collected. |
| Q118 | Number of calls where prescription medication was issued within your service | Includes calls ending in dx80, 85, 86 and 87 which are not PHARM+ |
| Q119 | Number of calls where a referral to NUMSAS was made for prescription medication | Includes calls ending in dx80, 85, 86 and 87 which are PHARM+ (NUMSAS no longer in use) |
| Q120-Q140 | Number of face to face consultations undertaken | Information not fedback or collected. |

**PRACTICE PLUS GROUP (PPG)**
Comments for 111AI2 Surrey Heartland:

| Data item | Description | Comments |
|---|---|---|
| Q012 | Number of calls abandoned | This has been affected by the impact of COVID absences across the call handling teams following a spike in instances of staff testing positive or having to isolate due to rates of infection amongst family members. The percentage of |

| | | staffing lost increased substantially in January as opposed to December particularly in the first 3 weeks of the month. Whilst the numbers were lower in calls received the percentage loss of staffing meant the service was impacted, as was seen across many providers. |
|---|---|---|
| Q017 | Total time to call answer | As above |

**SECAmb**
Comments for 111AI9 Kent, Medway & Sussex:

| Data item | Description | Comments |
|---|---|---|
| Part of KPI 4 = Q112/Q111 | Appointments with an IUC Treatment Centre / DoS selections IUC Treatment Centre | Measures were taken during January to expand interoperability with one of the IUC Treatment Centres. |
| KPI 9 = (Q081+Q094)/ (Q027+Q028) | Calls recommended self-care by clinician / calls triaged by a clinician | January saw an increase in self-care outcomes reached by Health Advisors, and a slight fall in clinician-based self-care outcomes. There was a net increase overall. |

**VOCARE**
Vocare were again only able to provide telephony data this month. Impacts data for the following contract areas: 111AF4 Staffordshire, 111AG5 South West London, 111AF1 Cornwall, 111AH1 BaNES and Wiltshire & Swindon. No other comments received.

**WMAS**
Comments for 1111AI8 West Midlands:

| Data item | Description | Comments |
|---|---|---|
| Q012 | Number of calls answered within 60 seconds | Surges in demand and increased staffing abstractions due to Covid19 isolation were the main contributing factors impacting upon performance.<br><br>The requirement to support national contingency was a daily occurrence; this places additional pressure on call answering ability. |
| Q017 | Total time to call answer | During January we experienced several days of sustained pressure, in particular the new year bank holiday and the following days. During these days the average answer time was increased due to the volume of calls waiting which has impacted upon monthly performance figures. |
| Part of KPI 4: Q112/Q111 | Appointments with a IUC Treatment Centre or home residence / DoS selections IUC Treatment Centre | Treatment Centre Appointment availability varies across the regions. Appointments with OOH providers is also greatly reduced due to C19 restrictions; currently only booking with one provider. |
| KPI 5: Q114/Q113 | Appointments with a UTC / DoS selections UTC | Appointment utilisation is impacted upon by the availability of appointments within the triage disposition timeframe. Often, available appointments are after the window for attendance. |