

IUC ADC March 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

Comment for 111A15 Bristol, North Somerset & South Gloucestershire

Data item	Description	Comments
Q017	Total time to call answer	Inconsistency in call answering performance was a result of demand at unpredicted times (hour and day).



DEVON DOCS

Comments for 111A16 Devon

Data item	Description	Comments
Q013	Number of calls abandoned	During March the service experienced a significant decrease in staff resourcing leading to an increase in calls abandoned. We were also in national contingency.
Q017	Total time to call answer	

Comments for 111AH8 Somerset

Data item	Description	Comments
Q013	Number of calls abandoned	During March the service experienced a significant decrease in staff resourcing leading to an increase in calls abandoned. We were also in national contingency.
Q017	Total time to call answer	

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 equivalent data item in the 111 MDS appears to be due to a difference in Dx code mapping for 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.

KPI 12: Q023/Q024	Time to telephone assessment outcome / Calls where person triaged	Performance in this KPI and the increase in total call back waiting time this month reflects gap between clinician numbers and demand.
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Comments for 111AC8 Leicestershire & Rutland

Data item	Description	Comments
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Difference in equivalent data item in the 111 MDS appears to be due to a difference in Dx code mapping for 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 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.
KPI 12: Q023/Q024	Time to telephone assessment outcome / Calls where person triaged	Performance in this KPI and the increase in total call back waiting time this month reflects gap between clinician numbers and demand.

Comments for 111AA2 Lincolnshire

Data item	Description	Comments
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Difference in equivalent data item in the 111 MDS appears to be due to a difference in Dx code mapping for 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 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.
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Comments for 111AC7 Milton Keynes

Data item	Description	Comments
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Difference in equivalent data item in the 111 MDS appears to be due to a difference in Dx code mapping for 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 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	MK ED validations are not currently included within the IUC ADC submission. This should be resolved from April onwards when the number of calls revalidated will include those sent to MK CAS.
KPI 12: Q023/Q024	Time to telephone assessment outcome / Calls where person triaged	Performance in this KPI and the increase in total call back waiting time this month reflects gap between clinician numbers and demand.

Comments for 111AC6 Northamptonshire

Data item	Description	Comments
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Difference in equivalent data item in the 111 MDS appears to be due to a difference in Dx code mapping for 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.
KPI 12: Q023/Q024	Time to telephone assessment outcome / Calls where person triaged	Performance in this KPI and the increase in total call back waiting time this month reflects gap between clinician numbers and demand.

Comments for 111AA4 Nottinghamshire

Data item	Description	Comments
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Difference in equivalent data item in the 111 MDS appears to be due to a difference in Dx code mapping for 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 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

Comments for 111AI4 Dorset

Data item	Description	Comments
Q045 + Q058 + Q071	Number of emergency ambulance dispositions	There were 4 days where data was missing which affected all triages. The plan will be to resubmit these data when it's possible to do so.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	

HUC

Comments for 111AC5 Cambridgeshire & Peterborough

Data item	Description	Comments
KPI 1: Q13/Q01	Proportion of calls abandoned	Call volumes are increasing and putting additional demand on call answering and causing the KPI to fall. As an example, call volumes were 6.2% higher in March 2021 than they were in January 2021 when COVID was peaking. Obviously, when performance is under pressure the abandoned rate will increase and it will take longer to answer calls.

Comments for 111AG7 Luton & Bedfordshire

Data item	Description	Comments
Q012	Number of calls answered within 60 seconds	Month on month Luton & Bedfordshire are seeing significant increases in call volume, this in turn is putting additional demand on call answering and negatively impacting performance. March saw a 22.3% rise in average calls per day from 658 in February to 805 in March, unsurprisingly this increased pressure directly influences abandonment rates and time to answer.
Q013	Number of calls abandoned	
Q017	Total time to call answer	

Comments for 111AI3 West Essex

Data item	Description	Comments
Q012	Number of calls answered within 60 seconds	West Essex are seeing significant increases in call volume month on month, this in turn is putting additional demand on call answering and negatively impacting performance. March saw a 19% rise in average calls per day from 225 in February to 267 in March, unsurprisingly this increased pressure directly influences abandonment rates and time to answer.
Q013	Number of calls abandoned	
Q017	Total time to call answer	

IC24

Comments for 111AH4 Mid & South Essex

Data item	Description	Comments
Q017	Total time to call answer	Increase in call answer time reflects increase in number of calls answered between February and March. Additional pressure nationally had an effect on call answering performances, including national contingencies.
Q045 + Q058 + Q071	Number of emergency ambulance dispositions	Difference in equivalent data item in the 111 MDS appears to be because for IC24 providers the 111 MDS includes non-Pathways clinicians and includes 111 online whereas ADC separates 111 Online out.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	
Part of KPI 4: Q112/Q111	Appointments with an IUC Treatment Centre or home residence / DoS selections IUC Treatment Centre	Work on DoS audit data resulted in a big decrease after the implementation of "select" first DoS functionality was put in place. Figures for earlier months will be updated in the next ADC revisions window. Currently, we cannot direct book into our own OOH's services, only In-Hours.
KPI 5: Q114/Q113	Number of calls where caller given an appointment with a UTC / DoS selections UTC	This should include bookings direct into DoS Service Types: 'Urgent Treatment Centre (UTC)', 'Emergency National Response' and '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
Q017	Total time to call answer	Increase in answering delay compared to previous month due to increase in number of calls.
Q045 + Q058 + Q071	Number of emergency ambulance dispositions	Difference in equivalent data items in the 111 MDS appears to be because for IC24 providers the 111 MDS includes non-Pathways clinicians and includes 111 online whereas ADC separates 111 Online out.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	
Part of KPI 4: Q112/Q111	Appointments with an IUC Treatment Centre / DoS selections IUC Treatment Centre	Update in UTC and DoS Types and this is only looking at bookable and not including the non-bookable. Some cases have a disposition mapped to non-bookable but it does have an appointment facility on the DoS. We have added in some additional work around IUC bookings/Home Residence, so this has improved slightly.

IOW

Comments for 111AA6 Isle of Wight

Data item	Description	Comments
Part of KPI 4: Q112/Q111	Appointments with an IUC Treatment Centre or home residence / DoS selections IUC Treatment Centre	Figures will increase slightly when more appointments are available after some system configuration takes place in April so the UTC / GPOOH which share our Adastra Platform can identify the booked cases easier.
KPI 7: Q100/Q099	Calls given an ED disposition that are revalidated / calls given an ED disposition	We are only validating a small number of SG / SD's as the UTC is profiled to take a vast proportion of ED dispositions, therefore negating the need for a '111 First validation'. If we submitted the calls that only applied if they would have

		been referred to an ED we would be reporting a far higher performance figure but this metric includes all dispositions regardless of if the call is referred to a more appropriate service before ED.
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
Q013	Number of calls abandoned	Overall the number of calls abandoned increased in the month of March due to a reduction in planned staffing vs actual staffing available on some days.
Q045 + Q058 + Q071	Number of emergency ambulance dispositions	Investigation into why there are differences with the data provided in the 111 MDS is ongoing, although we would expect a slight difference as some cases haven't reached their final outcome when the MDS is submitted. The MDS is a snapshot of data on the day depending on the time it was downloaded.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	

Comments for 111AJ1 North West London

Data item	Description	Comments
Q045 + Q058 + Q071	Number of emergency ambulance dispositions	Investigation into why there are differences with the data provided in the 111 MDS is ongoing, although we would expect a slight difference as some cases haven't reached their final outcome when the MDS is submitted. The MDS is a snapshot of data on the day depending on the time it was downloaded.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	

Comments for 111AD7 South East London

Data item	Description	Comments
Q013	Number of calls abandoned	The number of calls abandoned increased in the month of March due to planned vs actual staffing available on most days.
Q045 + Q058 + Q071	Number of emergency ambulance dispositions	Investigation into why there are differences with the data provided in the 111 MDS is ongoing, although we would expect a slight difference as some cases haven't reached their final outcome when the MDS is submitted. The MDS is a snapshot of data on the day depending on the time it was downloaded.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	

LCW

Comments for 11AD5 North Central London

Data item	Description	Comments
Q045 + Q058 + Q071	Number of emergency ambulance dispositions	Variation from equivalent figures in the NHS 111 MDS is due to differences in data item definitions and Dx code mapping.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Variation from equivalent figures in the NHS 111 MDS is because figures are under-reported due to the Adastra system not correctly picking up the data item by agent type. In addition, there are differences in the Dx code mapping used in the two collections.
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. ED validation rate for March is over 80% on a daily basis.

NEAS

Comments for 111AA1 North East

Data item	Description	Comments
Q013	Number of calls abandoned	Call volumes showed a significant increase from February to March 2021, as a result of the external support through National Contingency ending on 9 th February 2021, with demand streamed to alternative providers. As expected, average daily calls demand increased by 22%, equating to an additional 602 calls received per day.
Q017	Total time to call answer	Call performance remained challenging for March 2021 with the increase in demand, and call handler absence remaining high. This negatively impacted both call abandonment rates & the average call answer time.
Q112/Q111	Appointments with an IUC Treatment Centre or home residence / DoS selections IUC Treatment Centre	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 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.

NECS/YAS/LCD

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

Data item	Description	Comments
KPI 9: (Q081+Q094) / (Q027+Q028)	Calls recommended self-care by clinician / calls triaged by a clinician	LCD Dental figure is very low which may reflect the types of problems that they are dealing with.

Q098, Q101 - Time is not captured by YAS or LCD

Q120 Data quality issue with data received from a GP OOH provider is currently being investigated.

LCD Dental

In March the number of incoming calls and unique callers was at a record high, sickness levels also increased. Rise in ITK transfers and 111 online cases increased wait times.

Q13 - LCD Dental do not have the ability to breakdown calls Q014-Q016

LCD GPOOH

Q87 - Taken as all PCC and HV cases, rest are all cases closed over the phone after clinical triage. 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 is n't possible to fully track just those which were booked for PCC so all have been included in items Q136 to Q140.

Data for GP OOH providers includes:

8GY92 - LCD

NNJ - DHU on behalf of Bassetlaw GPOOH (Y00814)

NNF - City Healthcare Partnership CIC

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 Trust

NWAS

Comments for 111AF8 North West including Blackpool

Data item	Description	Comments
Q013	Number of calls abandoned	The overall abandoned figure is correct, the breakdown (Q14 + Q15 + Q16) does not add up to the overall figure as we have 1 days' worth of data missing.

PRACTICE PLUS GROUP (PPG)

Comments for 111AH7 North East Essex & Suffolk

Data item	Description	Comments
Q017	Total time to call answer	We saw a significant uplift in call volumes in March, also, supported other providers with NC and had higher than forecast leavers.
Q112/Q111	Appointments with an IUC Treatment Centre or home residence / DoS selections IUC Treatment Centre	DAB booking into these Services is currently suspended.

SCAS

Comments for 111AH9 Hampshire & Surrey Heath

Data item	Description	Comments
Q024	Number of calls where person triaged	Equivalent figures in 111 MDS don't include Out of Area calls.
Q045 + Q058 + Q071	Number of emergency ambulance dispositions	

Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Differences with figures in 111 MDS are likely to be due to Dx code mapping variations between the two collections.
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Comments for 111AG9 Thames Valley

Data item	Description	Comments
Q024	Number of calls where person triaged	Equivalent figures in 111 MDS don't include Out of Area calls.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Differences with figures in 111 MDS are likely to be due to Dx code mapping variations between the two collections.

SECAmb

Comments for 111AI9 Kent, Medway & Sussex

Data item	Description	Comments
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Differences with equivalent figures in the NHS 111 MDS is because the 111 MDS was amended from beginning of March to reflect Type 1 referrals only; more closely aligned with ADC Q60 + Q73.
Part of KPI 4: Q112/Q111	Appointments with an IUC Treatment Centre / DoS selections IUC Treatment Centre	Appointment booking volumes continue to grow month-on-month due to the rollout of our digital interoperability programme from November 2020 which saw the expansion of GP Connect and Care Connect interoperability.
(Q081+Q094) / (Q027+Q028)	Calls recommended self-care by clinician / calls triaged by a clinician	The numbers of clinician self-care outcomes are balanced by Health Advisor self-care outcomes. This metric is very much Pathways dependent.

VOCARE

Vocare were again only able to provide telephony data this month. Impacts data for the following contract areas: 111AF4 Staffordshire, 111AF1 Cornwall, 111AH1 BaNES and Wiltshire & Swindon.

Comments for 111AG5 South West London

Data item	Description	Comments
Q045 + Q058 + Q071	Number of emergency ambulance dispositions	Data not available. Phase 1 delivery of new system is focusing on metrics that are needed for KPIs.
Q046 + Q059 + Q072	Number of callers recommended to attend an ED	
Q112/Q111	Appointments with an IUC Treatment Centre or home residence / DoS selections IUC Treatment Centre	Data did not pass internal data quality testing. Development of new IUCADC specification 2021-22 underway.
Q108/Q107	Appointments with an in-hours GP practice / DoS selections in-hours GP practice	
Q103/Q102	DoS: no service available other than ED / Calls where DoS opened	

Comments for 111AF4 Staffordshire

Data item	Description	Comments
Q045 + Q058 + Q071	Number of emergency ambulance dispositions	

Q046 + Q059 + Q072	Number of callers recommended to attend an ED	Data not available. Phase 1 delivery of new system is focusing on metrics that are needed for KPIs.
Q112/Q111	Appointments with an IUC Treatment Centre or home residence / DoS selections IUC Treatment Centre	Data did not pass internal data quality testing. Development of new IUCADC specification 2021-22 underway.
Q108/Q107	Appointments with an in-hours GP practice / DoS selections in-hours GP practice	
Q103/Q102	DoS: no service available other than ED / Calls where DoS opened	

WMAS

Comments for 1111A18 West Midlands

Data item	Description	Comments
Part of KPI 4: Q112/Q111	Appointments with an IUC Treatment Centre / DoS selections IUC Treatment Centre	TC Appointment availability varies across the regions, with some department offering only 2 per day. Appointments with OOH providers is also greatly reduced due to C19 restrictions; currently only booking with one provider.