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Integrated urgent care

Key performance indicators and quality standards 2021-22

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1. Introduction

This document outlines the integrated urgent care (IUC) key performance indicators (KPIs) which commissioners must apply in relation to the service. The document is for use by local commissioners, providers and NHS England. It must be read in conjunction with the Integrated Urgent Care Aggregate Data Collection Specification (2021-22) and the [Integrated Urgent Care Service Specification \(2017\)](#) which details the operating model for IUC.

All services accessed via NHS 111 telephone channels are within the scope of the IUC KPIs.

This document seeks to clarify which organisations need to report against the KPIs listed and provides guidance to both commissioners and service providers on compliance. In addition to these KPIs NHS England will be monitoring other sources of operational information related to urgent and emergency care, including data linking NHS 111 calls and activity data, to ensure providers are maximising patient compliance with advice from NHS 111.

IUC services are regulated by the Care Quality Commission (CQC). The CQC approach when reviewing services is to consider: Is it safe? Is it effective? Is it caring? Is it responsive? Is it well-led? The KPIs and standards described in this document will contribute to the information the CQC uses when conducting service reviews.

A note on definitions

Throughout this document the term 'provider' is used to mean any organisation providing IUC services under an NHS Standard Contract (or legacy contract if an NHS Standard Contract is not yet in use), or a GMS/PMS/APMS contract.

This may be:

- A provider organisation with whom an NHS commissioner has a contract to provide IUC services.
- A general medical services (GMS) or personal medical services (PMS) practice that chooses not to transfer responsibility for the provision of IUC

services and either provides the service itself or sub-contracts the service to another provider.

IUC services include:

- The assessment and management of patients by telephone who have called NHS 111. Activity generated by NHS 111 online is excluded from the IUC KPIs.
- The face-to-face management of patients in any treatment centre (dealing with urgent care), the patient's residence or other location if required.

2. The historical context of the measurement of out of hours services

Previously some of the services covered by IUC were referred to as 'out of hours' (OOH). As IUC is a 24/7 service, this term is no longer relevant. This document therefore uses the term 'non-core general practice' rather than 'out of hours', except where referencing historical documents.

The primary medical care contracts introduced in April 2004, stipulated that all those who provided OOH services (including GP practices that did not transfer their responsibility for OOH services) had to meet the national quality requirements (NQRs).

Chronology of OOH/IUC quality standards documents

- 2000 Raising Standards for Patients New Partnerships in Out of Hours Care ('Carson report')
- 2002 Standards for Better Health
- 2005 National Quality Requirements
- 2006 Revised NQRs published
- 2016 IUC KPIs published (replacing NQRs)
- 2018 IUC KPIs revised and published
- 2021 IUC KPIs revised and published

3. Measurement of IUC

In October 2016 NHS England introduced a set of KPIs for IUC. These indicators built on the existing out of hours NQRs revising the way some elements were measured and introduced some new KPIs reflecting the development of the IUC model.

Further review of the IUC KPIs took place in 2020 and resulted in this updated document.

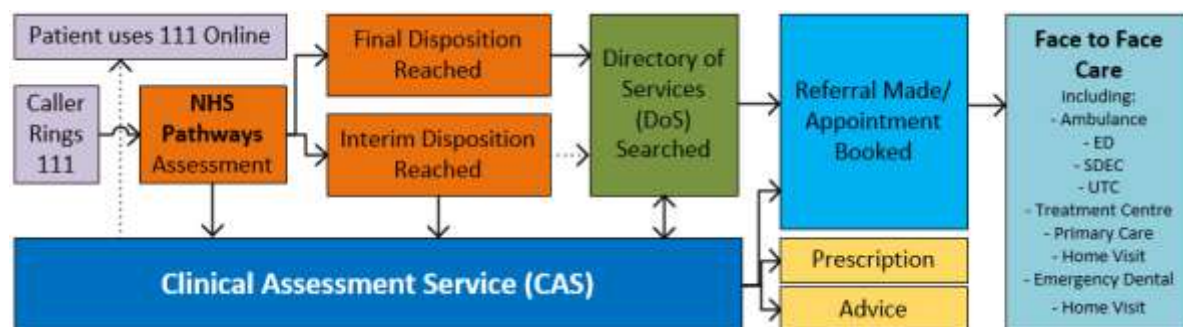
IUC is provided by a variety of organisations, this includes ambulance services, private companies, not for profit organisations and NHS trusts.

IUC is not limited to the provision of care at certain times or in a particular place.

The KPIs apply to parts or the whole of the patient journey and data needs to be compiled to allow them to be measured, managed and reported irrespective of any organisational boundaries. Providers will need to cooperate so that this is achieved even when they operate under separate contracts. Commissioners have a key role to play in enabling the flow of data between provider organisations in order to supply the full set of data items required.

The KPIs are whole system measures and do not aim to focus on particular provider types. Commissioners can define additional local KPIs as required to monitor the service they receive in relation to their IUC contracts.

Figure 1: IUC patient journey



Different steps in this journey may be provided by different organisations.

4. The IUC KPIs

This section contains the KPIs to measure the performance of the IUC service. These KPIs will be published on a monthly basis.

Table A1: Summary list of KPIs

KPI	Title	Standard
1	Proportion of calls abandoned	≤3%
2	Average speed to answer calls	≤20 seconds
3	95th centile call answer time	≤120 seconds
4	Proportion of calls assessed by a clinician or Clinical Advisor	≥50%
5a/b/c	Proportion of call backs by a clinician in agreed timeframe	5a: ≥90% 5b: ≥90% 5c: ≥90%
6	Proportion of callers recommended self-care at the end of clinical input	≥15%
7	Proportion of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	≥50%
8	Proportion of calls initially given an ED disposition that are validated	≥50%
9	Directory of Services: no service available other than ED (ED catch-all)	≤0.5%
10	Proportion of callers allocated the first service offered by Directory of Services	≥75%
11	Proportion of calls where the caller was booked into a GP practice or GP access hub	≥75%
12	Proportion of calls where the caller was booked into an IUC Treatment Centre or home residence	≥70%
13	Proportion of calls where the caller was booked into a UTC	≥70%
14	Proportion of calls where caller given a booked time slot with an Emergency Department	≥70%
15	Proportion of calls where the caller was booked into a Same Day Emergency Care (SDEC) service	Not applicable
16	Proportion of patients receiving a face-to-face consultation within their home residence within the specified timeframe	≥95%
17	Proportion of patients receiving a face-to-face consultation in an IUC Treatment Centre within the specified timeframe	≥95%

5. IUC quality standards

We will also continue to collect urgent care quality standards, as outlined below.

Table A2: Summary list of proposed quality standards

QS	Title	Domain	Area	Freq.	%
1	Serious Incidents	Safety	Assessment	Monthly	N/A
2	End to End Reviews	Safety	Assessment	Monthly	N/A
3	Helpfulness of advice	Patient experience	Advice	Twice a year	N/A
4	Satisfaction	Patient experience	Advice/ treatment	Twice a year	N/A
5	If 111 was not available	Patient experience/ effectiveness	All	Twice a year	N/A

The IUC Service Specification describes standards for the service.

6. Appendix A: description and definitions of the KPIs

KPI	Title	ADC Ref	Frequency	Assesses
1	Proportion of calls abandoned	B02/(A03+B02)	Monthly	NHS 111 call-receiving organisation
Rationale	Abandoned calls represent an unquantifiable clinical risk since, by definition, the needs of the caller are not established.			
Numerator	B02 Number of calls abandoned			
Denominator	A03 Number of calls answered + B02 Number of calls abandoned			
Source	Management Information System			
Standard	≤3%			

KPI	Title	ADC Ref	Frequency	Assesses
2	Average speed to answer calls	B06/A03	Monthly	NHS 111 call-receiving organisation
Rationale	The length of time before a call is answered is an important contributor to the overall patient experience. Prolonged delays in call answer time result in increasing rates of calls abandoned which generates clinical risk.			
Numerator	B06 Total time to call answer			
Denominator	A03 Number of answered calls			
Source	Management Information System			
Standard	≤20 seconds			

KPI	Title	ADC Ref	Frequency	Assesses
3	95th centile call answer time	B07	Monthly	NHS 111 call-receiving organisation
Rationale	The length of time before a call is answered is an important contributor to the overall patient experience. Prolonged delays in call answer time result in increasing rates of calls abandoned which generates clinical risk.			
Data Item	B07 95th centile call answer time			
Source	Management Information System			
Standard	≤120 seconds			

KPI	Title	ADC Ref	Frequency	Assesses
4	Proportion of calls assessed by a clinician or clinical advisor	D01/C01*	Monthly	System
Rationale	Patients should have the ability to speak to a clinician to ensure appropriate clinical outcomes.			
Numerator	D01 Calls assessed by a clinician or clinical advisor			
Denominator	C01 Number of calls where person triaged			
Source	Management Information System			
Standards	≥50%			
Notes	*There will be a national adjustment made to this KPI to take into account out of area calls. This will include D19 (Calls assessed by a clinician or clinical advisor which originated from an external NHS 111 provider) in the numerator. At the England level the calculation will be (D01+D19)/C01.			

KPI	Title	ADC Ref	Frequency	Assesses
5a/b/c	Proportion of call backs by a clinician in agreed timeframe	a) D14/D13 b) D16/D15 c) D18/D17	Monthly	NHS 111 call-receiving organisation/CAS
Rationale	Patients should be assessed within a reasonable time, therefore, time to call back (where this is required) should be monitored.			
Numerator	a) D14 Number of callers offered a call back within 20 minutes (immediately), who received a call back within 20 minutes b) D16 Number of callers offered a call back within a timeframe over 20 minutes and up to 1 hour inclusive, who received a call back within 1 hour c) D18 Number of callers offered a call back within a timeframe over 1 hour, who received a call back within the specified timeframe			
Denominator	a) D13 Number of callers offered a call back by a clinician or clinical advisor within 20 minutes (immediately) b) D15 Number of callers offered a call back by a clinician or clinical advisor within a timeframe over 20 minutes and up to 1 hour inclusive c) D17 Number of callers offered a call back by a clinician or clinical advisor within a timeframe over 1 hour			
Source	Management Information System			
Standards	≥90% for 5a, ≥90% for 5b and 5c			

KPI	Title	ADC Ref	Frequency	Assesses
6	Proportion of callers recommended self-care at the end of clinical input	E17/(C04+C05)	Monthly	System
Rationale	Urgent and Emergency Care Review (UECR) requirement for IUC to manage more callers without onward referral ('Consult and Complete').			
Numerator	E17 Number of callers recommended self-care at the end of clinical input			
Denominator	C04 Number of calls where person triaged by a clinical advisor C05 Number of calls where person triaged by any other clinician			
Source	Management Information System			
Standards	≥15%			

KPI	Title	ADC Ref	Frequency	Assesses
7	Proportion of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	E21/E19	Monthly	System
Rationale	Activity needs to assure the appropriateness of ambulance dispositions.			
Numerator	E21 Number of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes			
Denominator	E19 Number of calls initially given a category 3 or 4 ambulance disposition			
Source	Management Information system			
Standard	≥50%			

KPI	Title	ADC Ref	Frequency	Assesses
8	Proportion of calls initially given an ED disposition that are validated	E27/E26	Monthly	System
Rationale	Activity needs to assure the appropriateness of ED dispositions.			
Numerator	E27 Number of calls initially given an ED disposition that are validated			
Denominator	E26 Number of calls initially given an ED disposition			
Source	Management Information System			
Standard	≥50%			

KPI	Title	ADC Ref	Frequency	Assesses
9	Directory of Services: no service available other than ED (ED catch-all)	F02/F01	Monthly	System
Rationale	IUC effectiveness is dependent on commissioning of adequate urgent care services and their inclusion in the Directory of Service (DoS), so that the Emergency Department catch-all is not needed.			
Numerator	F02 Directory of Services: no service available other than ED (ED catch-all)			
Denominator	F01 Calls where the Directory of Services is opened			
Source	Management Information System			
Standard	≤0.5%			

KPI	Title	ADC Ref	Frequency	Assesses
10	Proportion of callers allocated the first service offered by directory of services	F03/F01	Monthly	System
Rationale	IUC effectiveness is dependent on commissioning of adequate urgent care services and their inclusion in the Directory of Service (DoS) so that patient choice is respected.			
Numerator	F03 Calls where the caller is allocated the first service offered by DoS			
Denominator	F01 Calls where the Directory of Services is opened			
Source	Management Information System			
Standard	≥75%			

KPI	Title	ADC Ref	Frequency	Assesses
11	Proportion of calls where the caller was booked into a GP practice or GP access hub	G03/G02	Monthly	System
Rationale	This will measure whether patients have their primary care appointment arranged by the IUC service at a GP practice. This includes both 'contact' and 'speak to' dispositions.			
Numerator	G03 Number of calls where the caller was booked into a GP Practice or GP access hub			
Denominator	G02 DoS selections – GP Practice or GP access hub			
Source	Management Information System			
Standard	≥75%			

KPI	Title	ADC Ref	Frequency	Assesses
12	Proportion of calls where the caller was booked into an IUC Treatment Centre or home residence	G05/G04	Monthly	System
Rationale	This will measure whether patients have an appointment arranged by the IUC service at an IUC Treatment Centre or within their home residence. This includes both 'contact' and 'speak to' dispositions.			
Numerator	G05 Number of calls where the caller was booked into an IUC Treatment Centre			
Denominator	G04 DoS selections – IUC Treatment Centre			
Source	Management Information System			
Standard	≥70%			

KPI	Title	ADC Ref	Frequency	Assesses
13	Proportion of calls where the caller was booked into a UTC	G07/G06	Monthly	System
Rationale	This will measure whether patients have their primary care appointment arranged by the IUC service at an Urgent Treatment Centre (UTC).			
Numerator	G07 Number of calls where the caller was booked into a UTC			
Denominator	G06 DoS selections – UTC			
Source	Management Information System			
Standard	≥70%			

KPI	Title	ADC Ref	Frequency	Assesses
14	Proportion of calls where caller given a booked time slot with an Emergency Department	G09/G08	Monthly	System
Rationale	This will measure whether patients have an appointment arranged by the IUC service with an ED.			
Numerator	G09 Number of calls where caller given a booked time slot with an ED			
Denominator	G08 DoS selections – ED			
Source	Management Information System			
Standard	≥70%			

KPI	Title	ADC Ref	Frequency	Assesses
15	Proportion of calls where the caller was booked into a Same Day Emergency Care (SDEC) service	G11/G10	Monthly	System
Rationale	This will measure whether patients have an appointment arranged by the IUC service at a SDEC service.			
Numerator	G11 Number of calls where the caller was booked into an SDEC service			
Denominator	G10 DoS selections – SDEC service			
Source	Management Information System			
Standard	Not applicable			
Notes	There is an expectation that standards will be set for this KPI once data has started flowing to inform this.			

KPI	Title	ADC Ref	Frequency	Assesses
16	Proportion of patients receiving a face-to-face consultation within their home residence within the specified timeframe	G21/G20	Monthly	System
Rationale	Patients need to be seen within a timescale appropriate to their condition.			
Numerator	G21 Number of patients receiving a face to face consultation in their home residence within the timeframe agreed			
Denominator	G20 Number of patients requiring a face to face consultation in their home residence			
Source	Management Information System			
Standard	≥95%			

KPI	Title	ADC Ref	Frequency	Assesses
17	Proportion of patients receiving a face-to-face consultation in an IUC Treatment Centre within the specified timeframe	G23/G22	Monthly	System
Rationale	Patients need to be seen within a timescale appropriate to their condition.			
Numerator	G23 Number of patients receiving a face to face consultation in an IUC Treatment Centre within the timeframe agreed			
Denominator	G22 Number of patients requiring a face to face consultation in an IUC Treatment Centre			
Source	Management Information System			
Standard	≥95%			

7. Appendix B: Related data

Aside from the KPIs and the rest of the monthly collection, commissioners and NHS England will need other management information for various purposes.

7.1 Workforce data

Providers are expected to comply with the NHS Digital Workforce Minimum Data Set collection. If a provider does not use the Electronic Staff Record system (from which the NHS Digital will be able to directly extract the data), then the provider should supply workforce information, every six months, through the NHS Digital secure internet data collection system. Access and other instructions are available from: workforce.standards@nhs.net.

7.2 Patient experience data

The existing NHS 111 survey will continue for now. NHS England is reviewing how best to collect patient experience for IUC and the wider urgent and emergency care system in future.

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This publication can be made available in a number of other formats on request.

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