

To: • All NHS 111/IUC commissioners and providers

NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

**18 August 2022**

Dear Colleagues,

## **Integrated urgent care key performance indicators 2022/23**

This letter sets out changes we are making to [IUC key performance indicators](#) (KPIs) for 2022/23 following feedback from providers and changes to service delivery. These new KPIs replace the 2021/22 KPIs from 01 April 2022.

It is essential that commissioners ensure arrangements are in place for the collection and provision of data covering the end-to-end integrated urgent care (IUC) service for each contract area. This requirement is outlined in the [IUC Service Specification \(2017\)](#). If any commissioner cannot meet this commitment, they should contact the central IUC team at [england.IntegratedUrgentCare@nhs.net](mailto:england.IntegratedUrgentCare@nhs.net) without delay.

Regional call networking will impact data flows at a regional level and will need consideration as providers go live with the single virtual contact centre (SVCC) technical enabler. The central IUC team will work with regions to develop individual approaches to this and keep all parties updated on what is required.

The KPIs have been designed to measure the performance of the whole of the IUC system using data supplied in the monthly [Integrated urgent care aggregate data collection \(IUC ADC\)](#). Although some KPIs may be attributable to a single organisation, many KPIs reflect the performance of two or more organisations working together. The KPIs should be considered as a set reflecting the different aspects of the service, no single indicator having predominance over another.

Changes to the IUC ADC to underpin the revised KPIs were assured by the Data Alliance Partnership Board (DAPB) in February (ref DAPB3031 Amd 3/2022) and the documentation is now available on the [NHS England website](#), including descriptions of the changes. The monthly ADC was collected using the revised specification for the first time in relation to April 2022 data (collected in May 2022). Monthly ADC data, including

KPI monitoring and data quality commentary, will continue to be published on the above web page as official statistics in the month following collection (e.g. April data published in June).

These KPIs are the national standards by which IUC service should be measured. As such the KPIs should be referenced in provider contracts, although commissioners should only hold providers to account for their achievement where they are directly responsible for the whole of that end-to-end service.

Annex 1 gives details of the thresholds that will be applied to KPI attainment. Commissioners should not penalise a provider by applying financial penalties for non-achievement of KPI 6 (clinical self-care).

The IUC Team will closely monitor the data quality of ADC submissions as well as the achievement of KPI standards.

Commissioners and providers need to be jointly responsible for KPI achievement, it is the performance of the whole urgent and emergency system which we seek to maintain and improve for the benefit of patients.

We will continue dialogue with commissioners and providers to understand if any future KPI changes are required.

Yours sincerely,



**Marc Thomas**

Director of Policy for Emergency and Elective Care

## Annex 1: 2022 IUC KPI thresholds

	KPI Title	Standard	RAG Thresholds			Status
			Red	Amber	Green	
1	Proportion of calls abandoned	≤ 3%	$x > 5$	$3 < x \leq 5$	$x \leq 3$	Established
2	Average speed to answer calls	≤ 20 seconds	$x > 30$	$20 < x \leq 30$	$x \leq 20$	Established
3	95th centile call answer time	≤ 120 seconds	$x > 180$	$120 < x \leq 180$	$x \leq 120$	Established
4	Proportion of calls assessed by a clinician or Clinical Advisor	≥ 50%	$x < 45$	$45 \leq x < 50$	$x \geq 50$	Established
5a &b	Proportion of call backs assessed by a clinician in agreed timeframe	≥ 90%	$x < 80$	$80 \leq x < 90$	$x \geq 90$	Established
6	Proportion of callers recommended self-care at the end of clinical input	≥ 15%	$x < 10$	$10 \leq x < 15$	$x \geq 15$	Established
7	Proportion of calls initially given a category 3 or 4 ambulance disposition that are validated within 30 minutes	≥ 50%	$x < 45$	$45 \leq x < 50$	$x \geq 50$	Established
8	Proportion of calls initially given an ETC disposition that are validated	≥ 50%	$x < 45$	$45 \leq x < 50$	$x \geq 50$	Established
9	Directory of Services: no service available other than ED (ED catch-all)	≤ 0.2%	$x > 1.5$	$0.2 < x \leq 1.5$	$x \leq 0.2$	Established
10	Proportion of callers allocated the first service offered by Directory of Services	≥ 80%	$x < 75$	$75 \leq x < 80$	$x \geq 80$	Established
11	Proportion of calls where the caller was booked into a GP practice or GP access hub	≥ 75%	$x < 70$	$70 \leq x < 75$	$x \geq 75$	Established
12	Proportion of calls where the caller was booked into an IUC Treatment Centre or home residence	≥ 70%	$x < 65$	$65 \leq x < 70$	$x \geq 70$	Established
13	Proportion of calls where the caller was booked into a UTC	≥ 70%	$x < 65$	$65 \leq x < 70$	$x \geq 70$	Established
14	Proportion of calls where caller given a booked time slot with a Type 1 or 2 Emergency Department	≥ 70%	$x < 65$	$65 \leq x < 70$	$x \geq 70$	Established
15	Proportion of calls where the caller was booked into a Same Day Emergency Care (SDEC) service	N/A	N/A	N/A	N/A	Developmental
16	Proportion of callers given an appointment or booked time slot with any service	N/A	N/A	N/A	N/A	Established
17	Proportion of patients receiving a face-to-face consultation within their home residence within the specified timeframe	≥ 95%	$x < 90$	$90 \leq x < 95$	$x \geq 95$	Established
18	Proportion of patients receiving a face-to-face consultation in an IUC Treatment Centre within the specified timeframe	≥ 95%	$x < 90$	$90 \leq x < 95$	$x \geq 95$	Established

### Status Key:

**Established** – Unchanged KPIs and those where attainment to standards should be achievable. Mitigating action is expected to be taken where standards are not being reached.

**Developmental** – New data items/KPIs which will take some time to bed in and understand the current attainment of standards. Standards will be reviewed throughout 2022/23.