Data Quality - IUCADC May 2019

IUC ADC data for May 2019 were revised on 13 December 2019 in line with NHS England Analytical Service team's revisions policy. Some comments in this document will no longer be relevant where they refer to figures that have changed since first publication in July 2019.

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. This document sets out lead data providers' comments about the quality of data supplied.

General Comments

- The deployment of a new ADC reporting package in the Adastra Clinical Patient Management System may have resulted in some issues with this month's returns. This means that data from the following Lead Providers may be subject to revision in future months: **IoW, SCAS, LCW, Vocare, LAS, BrisDoc, DHU**. Comments about specific data items affected by this change are listed below where provided.

- **Dorset HealthCare**: Transitioning to new IT system during April to June – all figures should be treated with caution during this time.

- **NEAS**: Reporting has been disrupted following the implementation of a new integrated CAD system, resulting in incomplete data, mainly affecting clinician interactions.

- **Vocare**: All figures are subject to change pending move to new reporting methods. In particular, data for **South West London** is likely to be under-reported and should be used with caution.

Comments about quality of data used in KPIs

KPI	Lead Data Provider	Comment
1	Unknown	Some providers may have submitted data using the NHS 111 MDS definition for the number of abandoned calls in previous months. This definition (NHS 111 MDS 5.6) includes a 30 second grace period following calls being queued for an advisor which has been removed from the corresponding data item 13 in IUC ADC. Guidance has been updated in May to clarify this change.
	HUC	Telephone answering performance is under pressure at the moment for all HUC contracts and is something we are concentrating heavily on to improve. Abandoned calls after 30 seconds are in effect a symptom of this and will increase as performance drops, with callers unwilling to wait until a phone is answered. There is a further problem with West Essex 111 calls being routed to the Navigator, who would not be expected to take and triage these calls. The calls are outside the IVR mapping and we are looking to resolve the problem to ensure they go to a health advisor. This is driving up the abandoned rate and pulling down call answering statistics.
	IoW	Figures for May reflect updated guidance. Staffing resource issues also affected ability to answer 111 calls.
2	IoW	Metric is reported correctly and reflects increased call volumes and resourcing issues.
	Vocare	Decrease for South West London since last month reflects a transposition error in the April submission and users are referred to local reporting and the metrics stated in national weekly 111 submissions. Corrected metrics for April will be added at the earliest opportunity / revisions window.
3	Devon Doctors	Staffing issues due to sickness have affected figures in Somerset contract area this month.
	DHU	Performance affected by staffing levels and call volumes.
	HUC	Call backs within 10 minutes (item 41) is still a work in progress because of a new working method which does not yet include CAS cases.
	IoW	Following NHS England guidance, we are including remote CAS service clinician referrals (to PHL, DAS and HUB Pharmacist) as requiring a 'call back' in item 43. These services are part of our CAS but we cannot warm transfer calls to them BUT a 'clinician call back' is made. The cases are referred to them on a final DX code (as opposed to a mid 'call back' code) and the service calls the patient. From May, in the 111 environment we are including ALL call backs not just calls backs for those calls that 'required' a 'warm transfer' (as per 111, ie, including mid codes Dx46, Dx82 and Dx96).
	LAS	The service runs a minimum target of 15 mins so we expect the number of call back in 10 mins to keep declining considering the target is for a 15 min call back as per both contracts.
	NWAS	There has been a process change this month which will have affected referrals in 10 mins.
4	DHU	Increase due to re-mapping of codes in line with recent information from NHS England.

Source: Integrated Urgent Care Aggregate Data Collection (IUC ADC), NHS England

	IC24	Data missing due to system issues; to be provided in future months
	LAS	The appropriate IUC treatment centres were used to achieve this increase.
	NWAS	The number within 111 for April should be 3807, not 29454. The figure for May is correct and therefore a comparison is distorted. April figure to be corrected in the next revisions window.
5	DHU	Increase for Lincs likely to be due to Louth UTC becoming a new option on the DoS. Bookings made into the UTC in Milton Keynes effectively doubled in volume between April and May due to an adjustment in DxCodes being sent there.
	HUC	Cambridgeshire & Peterborough figures are under-reported due to an error in the SQL coding not picking up all the entries.
	IC24	Data missing due to system issues; to be provided in future months.
6	Dorset Healthcare	Drop in SWAST figures since March are likely to be as a result of clinician shortages due to a very high percentage of vacancies for IUC clinicians.
	HUC	Drop in figures for Cambridgeshire & Peterborough since last month reflect dependency on operational availability of a GP to staff the IUC CAS and therefore is based on operational pressures.
	NWAS	We have no way of checking if an ambulance has been re-valuated once it has been passed to the 9's. We do not revalidate ambulances.
7	IoW	The IOW service is not focusing on this KPI at this time. Due to clinical staffing levels and capacity. The focus has been on the revalidation of Cat 3 and 4 Ambulance dispositions.
	NWAS	Information not collected on ED revalidation.
9	Devon Doctors	A more accurate split of dispositions has led to better data quality this month for Somerset contract area.
	HUC	No calls are triaged by a clinician at HUC - cases are triaged through Pathways and then passed to a GP or Nurse Practitioner for a further consultation.
	LAS	Increase since last month reflects inclusion of more DX codes as per national specification. Previously this was run using local KPI DX codes.
10	HUC	Cambridgeshire & Peterborough OOH and CAS Service is on SystmOne and we have a fundamental problem reporting prescribing from this system. TPP set the system up so prescriptions issued are from an informational outcome, which is open to GPs not ticking the relevant box. Therefore, any prescribing figures are open to error and omissions on the part of users.
12	YAS	Numerator not currently available from systems.
13a/b/c	NWAS	Unable to provide data. We do not receive any feedback once the patient has been referred on.
	YAS	Nil return as don't do any face to face consultations.
13a	HUC	Null return. 1 hour constitutes an emergency and we have no local CCG face to face targets or case priorities which reflect this KPI. We are expected to provide urgent care by our CCG clients, with a minimum 2-hour priority on cases.
14a/b/c	Care UK	A coding change has resulted in increases in values for the North East Essex & Suffolk and Surrey Heartlands areas compared to last month.
	NWAS	Unable to provide data. We do not receive any feedback once the patient has been referred on.
15	Devon Doctors	Better data quality this month for Somerset contract area. Figures for April are likely to be misleading.

Source: Integrated Urgent Care Aggregate Data Collection (IUC ADC), NHS England

Comments about quality of other data items

Data Item	Lead Data Provider	Comment
4 to 8	SCAS	Pro-rata Calls answered by Calls Triaged by Skillset.
7 to 8	NWAS	No other staff type answers front end calls.
9	IoW	111/CAS Clinicians deal with 999 Hear and Treats (acting as CAS clinicians). They perform the whole triage (including the clinical input) in the 999 CAD. No physical phone call is made from the 999 service to the 111 service. No record is made in Adastra therefore reporting cannot pick up this data.
	NWAS	We do not receive ambulance calls.
	SCAS	Null.
10	IoW	As well as other clinicians in the community, this total now includes the telephone calls from the ambulance service clinical staff seeking clinical advice (eg, re non-conveyances and onward referral of patients) that we were including in data item 9. Last month's submission will require adjustment and resubmission.
11	NWAS	We do not count unscheduled IUC attendances.
	SCAS	We don't if we have any of these.
12	SCAS	Null.
19	IoW	From his month, figures also include calls passed to our 'remote CAS clinicians' (PHL/ DAS (Dental advisory service), Pharmacy - as they leave the 111 environment with a FINAL Disposition Code, via the DoS.
	SCAS	This made up of Calls Referred to Clinicians & Speak/Contact Primary care. Have taken from SCAS DWH as Adastra report doesn't include contact and Speak to.
22	IoW	We are currently using the cohort as per item 19 for reporting this metric in the spirit of IUC reporting. This includes cases where a warm transfer is NOT 'required' - Dx46, Dx82 and Dx96 - and a less urgent call back is required. The inclusion of call backs for these Dx codes skews the figures compared to 111 MDS metrics. We are also having some issues extracting the clock stop time status (*when the clinician first attempts calling back*). Until we have resolved this we are using the triage start time for the 111 clinician ('pathways clinical advisor start time'). Discussion and development of processes and data sharing between the IUC CAS services will be required to obtain '*when the clinician first attempts calling back'* time status for our remote CAS services.
23	IoW	Data include the time period from 'call connect' to the time 'final disposition reached' within the 111 environment only. Unable to extend this to include the times of the assessment outcomes with our local or remote IUC CAS services at this time.
24	IoW	We are recording all relevant 111 calls as 111 cases in Adastra but not all telephone calls are coming in via 111 designated lines. We therefore appear to be triaging more calls than we are taking. There are problems with calling 111 through the 'Starline' process from Hand portable radios when being used as phones.
29	NWAS	No other distinguishable staff type.
31 to 33	NWAS	Staff types not available at NWAS111.

Source: Integrated Urgent Care Aggregate Data Collection (IUC ADC), NHS England

32 to 35	IoW	No data as these clinician types are not part of our CAS.
32	SCAS	Null.
35	NWAS	Paramedic Staff type not distinguishable.
35 to 36	SCAS	Null.
36	NWAS	Staff type not available at NWAS111.
37	NWAS	Pharmacist Staff type not distinguishable.
39	IoW	Only includes calls transferred to 111 Clinical Advisors as they are currently the only clinicians that handle a live/warm transfer.
40 to 41	IoW	From May, includes DX codes 46, 82 and 96.
42	NWAS	Service not offered - Clinical advice is only given by a clinician.
43	IoW	Includes all offered call backs (including for Dx46 82,96) by (111) Clinical Advisors - plus DoS referrals to PHL, DAS and Pharmacist (CAS Clinicians services) - as all of these will receive a call from a Clinician.
44 to 56	IoW	Nil return as no 'service advisor' staff type employed in IOW IUC CAS.
45 to 48	NWAS	SA's cannot offer these dispositions.
51 to 52	NWAS	SA's unable to recommend these services through triage.
56	NWAS	SA's unable to recommend other services through triage.
83 to 95	IoW	From May, figures include pharmacist outcomes.
97	NWAS	Information not collected.
	SCAS	Data available in Adastra from May onwards.
98	HUC	Still a work in progress because of a new working method which does not yet include CAS cases.
100	NWAS	Information not collected.
	SCAS	Data available in Adastra from May onwards.
101	HUC	Still a work in progress because of a new working method which does not yet include CAS cases.
105	NWAS	Not recorded.
108	IoW	No direct booking into in hours GP services yet.
113	IoW	Figures reported are for mainland UTC only. 'UTC' not locally set up yet.
115	NWAS	Information not fedback or collected from UTC.
118	IoW	Currently unable to report.
	SCAS	NULL. Cannot get this data yet. Work needs to happen with our CAS.
119	IoW	From May, includes all DoS referrals to Dos service type 'Pharmacist Urgent Prescription' - so that we pick up referrals to NUMSAS/PURM services locally and in other regions.
120 to 140	IoW	Unable to report - Awaiting IUC service development by commissioners and for services to be categorised correctly in DoS service types.
	NWAS	Information not feedback or collected.
	SCAS	NULL. Cannot get this data yet. Work needs to happen with our CAS.
141	SCAS	Don't believe this figure to be correct. Have used 111 online portal figure that was sent to SCAS.

Source: Integrated Urgent Care Aggregate Data Collection (IUC ADC), NHS England