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Integrated urgent care: key performance indicators 2023/24

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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 (2023/24) which provides each of the metrics used in the KPIs, and the current [Integrated urgent care service specification](https://www.england.nhs.uk/publication/integrated-urgent-care-service-specification/) (<https://www.england.nhs.uk/publication/integrated-urgent-care-service-specification/>) which details the operating model for IUC.

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 general medical services (GMS)/ personal medical services (PMS)/ alternative provider medical services (APMS) contract.

This may be:

- A provider organisation with whom an NHS commissioner has a contract to provide IUC services.
- A GMS or 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 as described in the IUC Aggregate Data Collection (ADC).
- The face-to-face management of patients in any treatment centre (dealing with urgent care), the patient's residence or other location if required.

Results of the IUC KPIs should be considered in context of how local services are delivered.

Measurement of integrated urgent care

In October 2016 NHS England introduced a set of key performance indicators (KPIs) for integrated urgent care (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. A revised set of KPIs were introduced in April 2021 following a review.

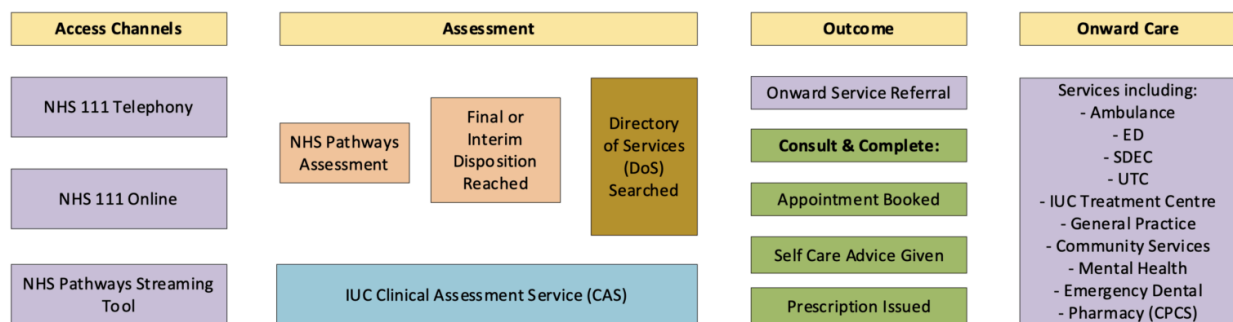
Further review of the IUC KPIs in 2022 has resulted in this updated document.

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

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 unless stated. Commissioners can define additional local KPIs as required to monitor the service they receive in relation to their IUC contracts.



(<https://www.england.nhs.uk/wp-content/uploads/2023/05/IUC-patient-journey.png>).

Figure 1: IUC patient journey. Different steps in this journey may be provided by different organisations.

The integrated urgent care key performance indicators

This section contains the key performance indicators (KPIs) to measure the performance of the integrated urgent care (IUC) service. These KPIs will be published on a monthly basis.

KPI	Title	Standard
1	Proportion of calls abandoned	≤3%
2	Average speed to answer calls	≤20 seconds

KPI	Title	Standard
3	95th centile call answer time	≤120 seconds
4	Proportion of calls assessed by a clinician or Clinical Advisor	≥50%
5 a and b	Proportion of call backs assessed by a clinician in agreed timeframe	≥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 receive remote clinical intervention	≥75%
8	Proportion of calls initially given an ETC disposition that receive remote clinical intervention	≥50%
9	Proportion of callers allocated the first service type offered by Directory of Services	≥80%
10	Proportion of calls where the caller was booked into a GP practice or GP access hub	≥75%

KPI	Title	Standard
11	Proportion of calls where the caller was booked into an IUC Treatment Service or home residence	≥70%
12	Proportion of calls where the caller was booked into a UTC	≥70%
13	Proportion of calls where caller given a booked time slot with a Type 1 or 2 Emergency Department	≥70%
14	Proportion of calls where the caller was booked into a Same Day Emergency Care (SDEC) service	Not applicable

Table A1: Summary list of KPIs

Appendix A: description and definitions of the key performance indicators

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%
Notes	The standard for this KPI is aspirational due to the ongoing impact of pandemic recovery and will be reviewed for 2024/25.

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
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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
Standard	≥50%

KPI	Title	ADC Ref	Frequency	Assesses
5a&b	Proportion of calls assessed by a clinician in agreed timeframe	a) D14+H20/D13+H19 b) D23+H22/D22+H21	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 who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who were warm transferred or received a call back within 20 minutes + H20 Number of NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately), who received a call back within 20 minutes b) D23 Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, who were warm transferred or received a call back within the specified timeframe + H22 Number of NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes, received a call back within the specified timeframe			
Denominator	a) D13 Number of callers who needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately) + H19 Number of NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within 20 minutes (immediately) b) D22 Number of callers who needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes + H21 Number of NHS 111 Online contacts where person was offered and accepted a call back and needed to speak to a clinician or Clinical Advisor within a timeframe over 20 minutes			

Source	Management Information System
Standards	≥90% for 5a and 5b

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
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7	Proportion of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention	E20/E19	Monthly	System
Rationale	Activity needs to assure the appropriateness of ambulance dispositions.			
Numerator	E20 Number of calls initially given a category 3 or 4 ambulance disposition that receive remote clinical intervention			
Denominator	E19 Number of calls initially given a category 3 or 4 ambulance disposition			
Source	Management Information system			
Standard	≥75%			

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

KPI	Title	ADC Ref	Frequency	Assesses
9	Proportion of callers allocated the first service type 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 type offered by DoS
Denominator	F01 Calls where the Directory of Services is opened
Source	Management Information System
Standard	≥80%

KPI	Title	ADC Ref	Frequency	Assesses
10	Proportion of calls where <u>the caller was booked into a GP practice or GP access hub</u>	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
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11	Proportion of calls where the caller was booked into an IUC Treatment Service 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 Service or within their home residence. This includes both <u>'contact' and 'speak to' dispositions</u> .			
Numerator	G05 Number of calls where the caller was booked into an IUC Treatment Service			
Denominator	G04 DoS selections – IUC Treatment Service			
Source	Management Information System			
Standard	≥70%			

KPI	Title	ADC Ref	Frequency	Assesses
12	Proportion of calls where the caller was booked into a UTC	G07/G06	Monthly	System
Rationale	This will measure whether patients have an 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%
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KPI	Title	ADC Ref	Frequency	Assesses
13	Proportion of calls where caller given a <u>booked time slot</u> with a Type 1 or 2 Emergency Department	G09/G08	Monthly	System
Rationale	This will measure whether patients have an appointment arranged by the IUC service with a Type 1 or 2 ED.			
Numerator	G09 Number of calls where caller given a booked time slot with a Type 1 or 2 ED			
Denominator	G08 DoS selections – Type 1 or 2 ED			
Source	Management Information System			
Standard	≥70%			

KPI	Title	ADC Ref	Frequency	Assesses
14	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.

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.

5.1 Workforce data

Providers will be expected to share workforce planning and capacity information with the central IUC team in order to manage service demand. Details around this will be provided separately.

5.2 Patient experience data

An NHS 111 Patient Experience Survey is collected by providers every six months in October and April. Following a review in 2021, a revised version of the survey was introduced from April 2022. Further details about the survey are available here: www.england.nhs.uk/statistics/statistical-work-areas/iucadc-new-from-april-2021 (<https://www.england.nhs.uk/statistics/statistical-work-areas/iucadc-new-from-april-2021>).

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