## Contents

1. What is CQC’s GP Intelligent Monitoring? | 4  
2. Why are the CQC publishing GP Intelligent Monitoring? | 4  
3. Why are the CQC publishing GP Intelligent Monitoring for the second time? | 4  
4. How will CQC use this analysis? | 4  
5. What is the relationship between a published rating and GP Intelligent Monitoring? | 5  
6. I can’t find my GP practice in the Intelligent Monitoring publication – why is this? | 5  
7. How up to date are the datasets that you are using? | 6  
8. Why are you using 2013-14 Quality Outcomes Framework (QOF) data? | 6  
9. What is a ‘z-score’? | 6  
10. What is the percentage score? | 6  
11. Why is the purple line on the indicator charts variable and comparably thicker in some instances? | 7  
12. The purple line for my practice appears on the left hand side of the graph, suggesting at first glance that the result is poor? | 7  
13. The indicators with variation are listed as “for further enquiry”. What does this mean? | 7  
15. Why do the percentages for the GP Patient Survey indicators in my practice’s GP Intelligent Monitoring report not match the percentages in the GP Patient Survey publication? | 8  
16. For indicators GPHLICH01 and GPHLICPD how have you taken into account practices which have a large percentage of younger patients? | 8  
17. Does Intelligent Monitoring take information on patient demographics into account? | 9  
18. Why have you removed Priority Bandings? | 9  
19. Why has the language of ‘risk’ changed? | 9
20. Why are there fewer indicators in this release of GP Intelligent Monitoring?

21. Do you wait for the updated indicator data to make decisions about inspections? What if you receive concerning information in the meantime?

22. Will you update the Intelligent Monitoring reports for practices that have been inspected?

23. How did CQC select the indicators?

24. How often will the indicators be published and where?

25. Which data sources have you used?

26. How will practice reconfigurations – for example, mergers – be reflected in Intelligent Monitoring?

27. Some CCGs did not submit data to QOF between January and March 2014. Has this been reflected in GP Intelligent monitoring?

28. Will future versions of GPIM include data from patient comments on NHS Choices, or other qualitative sources?

29. Where can I find GPIM data for the practices within my CCG?
1. **What is CQC’s GP Intelligent Monitoring?**

   The GP Intelligent Monitoring (GPIM) tool has been developed to assist us in identifying variation in data about general practice. The type of action we take to make further enquiries following the identification of variation will be dependent on many factors, and may or may not involve an inspection by one of our local inspection teams. Depending on the nature of the variation a local inspector could instead, for example, call the GP practice to understand more about the context of the variation, or make a request for more data and/or information. The tool draws on existing and established national data sources, and includes indicators covering a range of activity in GP practices and the experiences of patients.

   The GPIM tool will also help inspectors to ask questions about the quality of care. However, we will never use them on their own to make final judgements. This is because there are various factors that require consideration when interpreting IM reports including:

   - Some areas of GP practice activity may not lend themselves well to metrics, and the indicators do not cover all of our domains.
   - There may be local schemes in operation offered by NHS England or other organisations that might impact on national data.
   - Local demographics or specific populations within the practice, e.g. university students.
   - This is why IM is part of CQC’s wider approach, including meeting with NHS England area teams and CCGs in advance of inspection to understand the local context. It is our inspection teams which will provide the judgement and rating on a practice – not IM.

2. **Why are the CQC publishing GP Intelligent Monitoring?**

   CQC is open and transparent about the way it works and publishes GP Intelligent Monitoring so that the information inspectors use to help them plan for inspections is also made available to the public.

3. **Why are the CQC publishing GP Intelligent Monitoring for the second time?**

   CQC is publishing GP Intelligent Monitoring for the second time to take account of the latest data available from the NHS.

4. **How will CQC use this analysis?**

   The tool analyses the indicators to identify variation in data about general practice. We will use the indicators to ask questions about the quality of care, but we will never use them on their own to make final judgements. This is because GPIM is part of CQC’s wider approach to inspection, which includes:

   - Inspection teams; comprising specialist inspectors, experts by experience, GPs, practice nurses and/ or practice managers.
Comprehensive Key Lines of Enquiry (KLOEs) for inspectors.
Intelligence sharing relationships with Quality Surveillance Groups, NHS England Area Teams, Clinical Commissioning Groups (CCGs), GP practices and the public.
The views of other organisations and systems holding data (NHS England Primary Care Webtool, local Healthwatch, Public Health England GP Practice Profiles).
CQC pre-inspection information sharing meetings.
CQC post-inspection feedback.

5. What is the relationship between a published rating and GP Intelligent Monitoring?

GP Intelligent Monitoring looks at variation within published data to highlight differences. It forms part of CQC’s wider approach to gathering intelligence prior to an inspection, which includes meeting with NHS England area teams and CCGs in advance of an inspection to understand the local context. Following an inspection a judgement and a rating will be given to each practice. As the published data used in GP Intelligent Monitoring is refreshed the indicators, and hence the variations within each indicator, will be recalculated but there will be no change to the published ratings until the practice is inspected again.

6. I can’t find my GP practice in the Intelligent Monitoring publication – why is this?

Please follow the instructions on our website to find data for your practice. If you still can’t find your practice, this will be due to one of the following reasons:

- Your practice is registered with CQC primarily as a walk-in centre, an independent consulting doctor or another type of service other than a GP practice. Only practices who have registered with their primary activity as a GP practice with a list of registered patients are included in this publication of GPIM.
- CQC has not been able to match your practice code (Organisation Data Service code) to your practice’s organisation identifier (unique CQC registration code), your practice is not registered, or your practice has an inactive registration with CQC.
- Your practice is a ‘branch’ of another practice. Branch practices do not have a separate patient list, and submit data through the parent practice. Only the parent practice will appear in GPIM.
- Your practice has not submitted data for any of the GPIM indicators for the relevant periods (see http://www.cqc.org.uk/gpmonitoring for details).

If you work at a GP practice that is not included, and you believe it should be, please let us know the name, postcode and the CQC registration number and the
ODS code for your practice and we will look into it. Please email enquiries@cqc.org.uk and include ‘GP IM’ in the subject field.

7. **How up to date are the datasets that you are using?**
   
   We use the most up-to-date datasets that we can access. The period varies depending on the dataset.

   With all external data, there is a time lag between when the data was originally collected and the point at which the information is available to use in GPIM, but we always use the most recent information available to us.

8. **Why are you using 2013-14 Quality Outcomes Framework (QOF) data?**
   
   The data which CQC uses for Quality Outcomes Framework (QOF) indicators in GPIM is obtained from the Health and Social Care Information Centre (HSCIC) through the latest published QOF data return, which is currently for the 2013-14 financial year. Although data for the 2014-15 financial year has been extracted by HSCIC and placed on the CQRS website, it has not gone through HSCIC’s validation processes and so is not yet published and available to the public. To reduce the risk of using inaccurate data we only utilise QOF data once it has been published and therefore will not be in a position to use the 2014-15 data until after October 2015.

9. **What is a ‘z-score’?**
   
   A ‘z-score’ (sometimes known as a ‘standardised score’) tells us how far away a particular practice’s score is from the mean average score for that indicator, and measures this in standard deviations. ‘Z-scores’ measure distance from the mean average in both directions, so minus scores are possible. In our GPIM methodology, negative scores represent smaller levels of variation than scores above zero.

   For an in-depth explanation of ‘z-scoring’, please see our ‘Statistical methodology’ guidance on the CQC website.

10. **What is the ‘percentage score’?**
   
   The percentage score gives a guide to the amount of variation shown for the practice by the indicators. It is calculated as follows:

   \[
   \frac{(2 \times \text{number of indicators with very large variation}) + (\text{Number of indicators with large variation})}{(2 \times \text{total number of indicators})} \times 100
   \]
11. Why is the purple line on the indicator charts variable and comparably thicker in some instances?

To make the practice position visible in the charts the columns either side of the practice’s position are also selected for highlighting. Due to variation in column width on the different charts, different widths of purple are shown.

12. The purple line for my practice appears on the left hand side of the graph, suggesting at first glance that the result is poor?

The charts display a histogram of the z-scores that have been calculated for each indicator showing the national distribution of z-scores for that indicator. Calculation of a z-score takes into account the sentiment of the indicator so that for each indicator a larger positive score shows potentially unwarranted variation that is in need of further understanding. We mark a higher z-score of 2 or more as “large variation for further enquiry” and a z-score of 3 or more as “very large variation for further enquiry”, denoting those results that we would enquire about further as a matter of routine.

All z-scores below 2 would only be enquired about further where other items or information on the circumstances of the individual practice indicate that further enquiry is needed. While negative z-scores (i.e. those to the left of the chart) do show a divergence from the national average the nature of variation at this end of the spectrum does not warrant routine further enquiry and in some instances may indicate relatively good performance.

There is an explanation of how to interpret the charts on page 2 of your practice’s GP Intelligent Monitoring report.

13. The indicators with variation are listed as “for further enquiry”. What does this mean?

The type of action we take to make further enquiries following the identification of variation will be dependent on many factors, and may or may not involve an inspection by one of our local inspection teams. Depending on the nature of the variation a local inspector could instead, for example, call the GP practice to understand more about the context of the variation, or make a request for more data and/or information.

14. What does ‘Value suppressed’ mean in the Intelligent Monitoring practice report?

For some indicators, the number of patients in question is small. This means that, to avoid possible patient/consultant identification, the actual numbers are suppressed and replaced with ‘value suppressed’ on practice reports.

For indicators using data from Hospital Episode Statistics, respondent numbers of five or less are suppressed.
15. Why do the percentages for the GP Patient Survey indicators in my practice’s GP Intelligent Monitoring report not match the percentages in the GP Patient Survey publication?

The percentages that appear in the GP Patient Survey publication refer to the percentage of patients who gave particular responses to the survey question, of the total number of respondents who answered the question.

CQC has not used these percentages to construct the GP Patient Survey indicators in GP Intelligent Monitoring. Responses are taken from specified questions in the survey to construct a numerator and denominator. The numerator is then divided by the denominator to produce a data value (also known as the ‘observed value’) for the practice, which is a proportion. All indicators that are based on proportions, using the method described in our statistical guidance document, are ultimately displayed as a percentage. This is to make it easier to read the data values. For example, a proportion of 0.0912 is displayed as a percentage of 9.12%.

For full details concerning the construction and scoring of the GP Patient Survey indicators, see the ‘Indicators and methodology’ and ‘Statistical methodology’ guidance documents on the CQC website.

16. For indicators GPHLICH01 and GPHLICPD how have you taken into account practices which have a large percentage of younger patients?

Some practices that had a larger percentage of patients in the 15-39 age band (for example GP practices serving a university population) expressed their concern about two of the indicators used in GPIM:

- GPHLICH01 – the ratio of reported versus expected prevalence for Coronary Heart Disease (CHD)
- GPHLICPD – the ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD)

Because the expected rate for an individual practice for these two indicators is based on the prevalence rate in the local area (i.e. CCG) rather than on the practice’s own population this can produce a higher expected value. However, it was decided to make no adjustment to the methodology as the purpose of GPIM is to identify variation that will be explored when the practice is inspected. While the data will continue to reflect the variation, this will no longer have an impact on the Priority Bandings, which have been removed.

Variation identified in these indicators will also be explored further during inspections taking into account the local context of the practice in question.
17. Does Intelligent Monitoring take information on patient demographics into account?

The current GPIM methodology doesn’t take into account any demographic information about a practice or its patient groups. However, some of our indicators have already had the data weighted for demographic factors. There is further information in the ‘Indicators and methodology’ guidance on the CQC website.

Inspections will always take into account information about the practice’s patient population when making judgements about the service provided.

18. Why have you removed Priority Bandings?

We recognise that there was considerable misunderstanding about the use of the Priority Bandings, which were intended to be used by CQC to prioritise the inspection of all GP practices. Priority Bandings summarised those indicators with most variation. Testing of the product with groups from both within the GP community and the public revealed that bandings were not found to be particularly useful when understanding GPIM.

Priority Bandings were never intended as a judgement of performance. Although CQC would not make a judgement on quality and safety until the practice has been inspected, the bandings were misinterpreted in some quarters.

Following a review, we have decided that Priority Banding will no longer be included as part of GPIM.

19. Why has the language of ‘risk’ changed?

The GPIM report has been modified since the last publication to improve external understanding of the tool both within the GP community and the wider public.

One common misunderstanding with regard to the GPIM was around the terms we used to describe variation in the indicators. Variation is identified by comparing information across all GP practices in England to identify statistically significant differences from the national average with these being classified as large or very large depending on how far the practice is from the national average. For the first publication of GP IM Practices that were within a statistically acceptable variation of the national mean value for a given indicator were referenced as “no evidence of risk”. Where the variation was large these were referenced as “evidence of risk” and those with very large variation were “evidence of elevated risk”. All of these references to risk related to a statistical variation from the national mean, not to any judgement that clinically a practice was unsafe. After consultation and testing with both providers and the wider public the following changes have taken place within the reports:

Where the data indicates evidence of no significant variation, we will describe it as

- Comparable with other practices
Or if there is significant variation

- Large variation – for further enquiry
- Very large variation – for further enquiry

20. **Why are there fewer indicators in this release of GP Intelligent Monitoring?**

Since we last published GPIM the following indicators have been removed:

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>QOFGP51 - The contractor establishes and maintains a register of patients aged 18 or over with learning disabilities</td>
<td>This indicator has been removed as all practices have a register and hence there is no variation.</td>
</tr>
<tr>
<td>QOFGP54 - The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age</td>
<td>This indicator has been removed as all practices have a register and hence there is no variation.</td>
</tr>
<tr>
<td>GPOSDD01 - Dementia diagnosis rate adjusted by the number of patients in residential care homes</td>
<td>This indicator has been removed following advice from Health and Social Care Information Centre, NHS England and the Department of Health regarding the methodology used and how it was applied to derive the prevalence at practice level.</td>
</tr>
<tr>
<td>GPPS003 - The percentage of respondents to the GP patient survey who stated that in the reception area other patients can't overhear</td>
<td>This indicator has been removed as the data is no longer collected as part of the GP Patient Survey.</td>
</tr>
</tbody>
</table>

21. **Do you wait for the updated indicator data to make decisions about inspections? What if you receive concerning information in the meantime?**

GPIM helps us to identify lines of enquiry and determine our programme of inspections, it is just one aspect of a wider regulatory and inspection approach. If we have information that people might be at risk of poor care, we don’t wait for updated information, but will continue to carry out inspections. If we have concerns that people may be at risk, we will take action. Where it is appropriate and proportionate, we will carry out an immediate inspection outside of our planned programme.
22. Will you update the Intelligent Monitoring reports for practices that have been inspected?

Practices that have been inspected using our new inspection methodology will have had their inspection reports published on our website. However, we will still include them in GPIM, and you can download their practice reports in the same way as for all other practices.

23. How did CQC select the indicators?

The current sets of indicators are those that we consider to be important for monitoring the quality of care in GP practices. We selected these indicators because they are collected nationally and they have been subject to broad engagement and robust challenge in their development. We have also engaged, consulted, and tested the indicator set with stakeholders when developing the set of indicators for publication.

While it is often difficult to achieve consensus on indicators, we believe the ones that we have chosen measure aspects that have a high impact on people, and that they can alert us to changes in those areas.

Our inspection programme will help us to refine the GPIM tool, and the list of indicators will be developed and expanded further across the five key questions that we ask. This will allow us to evaluate the link between what the indicators show and what we find on inspection.

24. How often will the indicators be published and where?

We will update the indicators with the most current data available to us and publish them regularly on CQC’s website.

25. Which data sources have you used?

We have created indicators using existing data sources that CQC can access. The data sources we are currently using are:

- Quality and Outcomes Framework (QOF).
- GP Patient Survey (GPPS).
- NHS Business Services Authority (NHS BSA)
- Hospital Episode Statistics (HES).
- Information Centre Indicator Portal.
- NHS Comparators.

For a more detailed explanation of the data sources that we have used to generate these indicators, please refer to the ‘Indicators and methodology’ guidance on the CQC website.
As more data sources become available, we will consider including them in GPIM.

26. How will practice reconfigurations – for example, mergers – be reflected in Intelligent Monitoring?

Where there is a reconfiguration, we will update GPIM to reflect this when new data for the new service becomes available. We will update our online list of active GP practices on our register every time we refresh GPIM.

27. Some CCGs did not submit data to QOF between January and March 2014. Has this been reflected in GP Intelligent monitoring?

With regards to our use of 2013-14 QOF data, CQC takes QOF data from the Health and Social Care Information Centre (HSCIC) website, which is available publically. The data will have gone through an extensive checking process to reach this point, which is why there is a time delay from when the data is extracted from GPs’ systems to the publication at the end of October. To reduce the risk of using inaccurate data we only utilise QOF data once it has been fully validated and published and therefore will not be in a position to use the 2014-15 data until after October 2015, as this will be the point at which the new data will be fully validated.

CQC is aware that some practices were part of a larger group that participated in local quality schemes during January to March 2014 where NHS England Local Area Teams offered a reduction in the level of Quality & Outcomes Framework (QOF) monitoring for this period. This has resulted in the data submitted being lower than expected, even when taking into account the terms of the schemes. There is an opportunity for Area Teams to note any validation comments for secondary users of the data uploaded to the HSCIC website, in some circumstance there were none. Consequently, practices may show a greater degree of variation when compared with other practices.

Please note practices should contact NHS England Area Team for further information and advice on these schemes.

In the absence of QOF data, CQC would expect practices to have collected alternative data in order for them to be able to reflect the care that they delivered during this period. If this data is available, as part of any inspection process, it could be viewed alongside other information that is available as part of its wider approach when providing a judgement and rating on a practice.

28. Will future versions of GPIM include data from patient comments on NHS Choices, or other qualitative sources?

Qualitative data does not feed directly into GPIM. However, comments from NHS Choices website are shared with our inspection teams as part of their inspection planning. Qualitative data is something that we intend to include in future, and will always be used where appropriate as part of CQC inspections.
29. Where can I find GPIM data for the practices within my CCG?

We have published a GPIM datasheet on our website that contains a mapping of practices to CCGs (see http://www.cqc.org.uk/gpmonitoring for details).