

GP Insight Report

Oaklands

CQC ID: 1-542862750

This report details the CQC view of 11 Insight indicators, drawing on existing and established national data sources (e.g. Quality and Outcomes Framework, GP Patient Survey), to support our monitoring and decision making. The new model for ongoing monitoring, GP Insight, will identify where good care has been maintained or improved, as well as where care has deteriorated.

Please note this is a static report which is based on the most recent data CQC had access to at the time of analysis. This is detailed further within the report.

During Spring 2017, CQC undertook a verification process with GP practices to validate their data. Following feedback, we have revised our report, by updating the information on the contextual page and removing the display of inspection ratings.

How your report is structured:

- **Contextual Information** provides a summary of the practice profile including local population demographics as well as practice staffing information and CCG level information.
- **Summary level information** details how the practice is doing on 3 of the 5 key questions (Effective, Responsive and Caring domains). This page provides a brief overview of the 11 indicators.
- **Indicator level data** details how the practice compares against the England average and also shows practice results. GP Insight assesses a practice's data against all the other practices in England. We assess relative performance using a z-score (also known as a standardised score), a statistical tool which shows the deviation from the mean. It gives us a statistical measurement of a practice's performance in relation to the average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the average. A positive z-score indicates that the practice's performance is below the England average, and a negative (minus) z-score indicates that it is above the England average. Typically we consider that z-scores which are +2 or more and -2 or less are at significant levels, warranting further enquiry. It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices. Terms assigned to z score ranges will differ depending on the indicator. Further explanation of this is available in our FAQ document and our Indicators and Methodology guidance document. The indicator level pages also detail numerator and denominator descriptors as well as commentary and caveats extracted from the notes section of NHS England's MyNHS publication.
- **Glossary** provides a breakdown of some of the key terminology used within this report.

We have supporting documents setting out the definition and full methodology for each indicator, a paper on the statistical methodology and a Frequently Asked Questions document; these documents can be found by looking at the GP Insight pages on the CQC's website (www.cqc.org.uk/GPInsight).

Please note: The CCG name presented on page 3 of this report is the Clinical Commissioning Group which was recorded as the commissioning organisation for the practice in April 2017. However, the CCG data we have used throughout this report pertains to the time when it was collated in November 2016. There may be some differences where the CCG has changed between these two time periods.

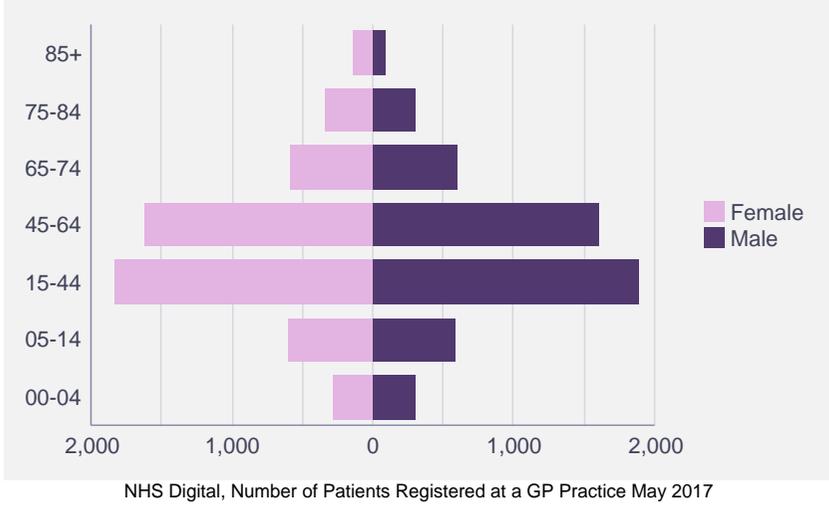
PRACTICE BACKGROUND **FACTS AND FIGURES** APPENDIX

INTRODUCTION **CONTEXTUAL INFORMATION**

Practice Profile and Local Demographics

Oaklands is located within the Cheshire East Local Authority and is 1 of 18* practices serving the NHS South Cheshire CCG area.

Practice Local Demographics



Deprivation



People living in more deprived areas tend to have greater need for health services. The lower the Indices of Multiple Deprivation (IMD) decile (see above), the more deprived an area is.

| | | | |
|---|---|------------|----------------|
| Practice Name | Oaklands | | |
| Practice CQC ID | 1-542862750 | | |
| Practice Organisation Data Services Code | N81039 | | |
| CCG | NHS South Cheshire CCG** | | |
| Practice Contract Type | GMS: General Medical Services | | |
| Regulated Activities | Diagnostic and screening procedures; Family planning; Maternity and midwifery services; Surgical procedures; Treatment of disease, disorder or injury | | |
| Average Payment per Weighted Patient <small>Source: NHS Digital, NHS Payments to General Practice 01/04/2015 - 31/03/2016</small> | Practice | CCG | England |
| | £114.35 | £123.96 | £142.63 |
| Practice List Size <small>Source: NHS Digital, Number of Patients Registered at a GP Practice May 2017</small> | 10,742 (5,344 male, 5,398 female) | | |
| Practice Staffing Data <small>Source: NHS Digital, General and Personal Medical Services, England September 2016</small> | 16.9*** FTE Total Staff, of which: | | |
| | GPs <i>excl. Registrars, Locums, Retainers</i> | 4.5 | |
| | Nurses | 2.1 | |
| | Direct Patient Care Staff | 1.0 | |
| | Admin and Non Clinical | 9.2 | |
| <small>NB: NS = data not supplied by practice EST = data supplied was of poor quality. A value is estimated but not published at practice level</small> | | | |
| <small>*This may be an approximation as it is based on practices in CQC's register with a valid Organisation Data Services code **This CCG was recorded as the commissioning organisation for the practice in April 2017 ***The four staffing types may not add up to the FTE Total due to rounding</small> | | | |

| | | | | | |
|---------------------|-------------------|-----------|--------|------------|----------|
| PRACTICE BACKGROUND | FACTS AND FIGURES | APPENDIX | | | |
| SUMMARY | SAFE | EFFECTIVE | CARING | RESPONSIVE | WELL-LED |

Latest indicators of Performance (1/2)

| Indicator | Key Question | Performance |
|--|--------------|---|
| QOFGP182: Cervical Cancer Screening | Effective | Comparable to other practices 86.2% screened, of 2,463 eligible women |
| MYNHSCIM3: Childhood Vaccinations up to Age 2 | Effective | In line with national standard 9.2 score out of 10. Achieved 90% coverage for 4/4 sub-indicators |
| HYP006: High Blood Pressure Management | Effective | Comparable to other practices 76.7% with recommended measurement, out of 1,689 patients |
| AF007: Stroke Prevention: Medication for patients with atrial fibrillation | Effective | Comparable to other practices 83.9% treated, out of 174 patients |
| QOFGP102: Diabetes - Managing Blood Glucose Level (HbA1c) | Effective | Comparable to other practices 76.6% within a recommended level, out of 543 patients |
| MYNHSCAN3: Cancer detection rate | Effective | Comparable to other practices 40.6% detected by practice, out of 64 new diagnoses |
| QOFGP110: Mental Health – Comprehensive Care Planning | Effective | Comparable to other practices 93.8% with a plan, out of 64 patients |

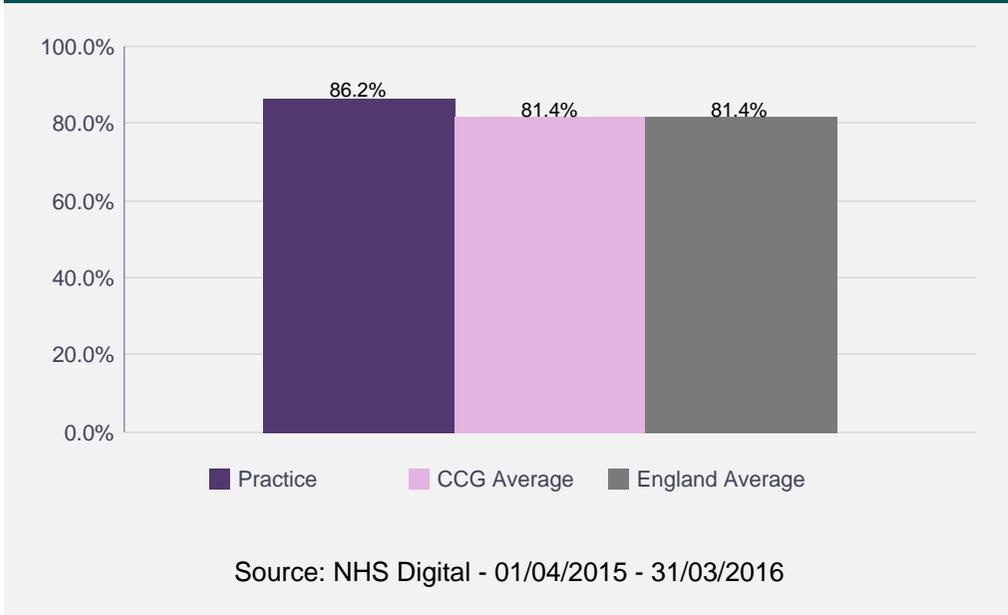
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| PRACTICE BACKGROUND | FACTS AND FIGURES | APPENDIX | | | |
| SUMMARY | SAFE | EFFECTIVE | CARING | RESPONSIVE | WELL-LED |

Latest indicators of Performance (2/2)

| Indicator | Key Question | Performance |
|--|--------------|---|
| DEM004: Dementia - Face to Face Reviews | Effective | Comparable to other practices 86.5% reviewed by GP, out of 74 patients diagnosed |
| GPHLIAP: Antibiotic Prescribing | Effective | Comparable to other practices 1.11 items per standardised prescribing unit |
| GPPS029: Patient Experience - Confidence and Trust in GP | Caring | Comparable to other practices 90.9% had confidence, of 154 respondents |
| GPPS030: Patient Satisfaction with GP Practice Opening Times | Responsive | Comparable to other practices 78.4% were satisfied, of 153 respondents |

QOFGP182: Cervical Cancer Screening

Practice result compared against CCG and England



Practice data for indicator

| | |
|----------------------------------|-------|
| Females screened | 2,123 |
| Total number of eligible females | 2,463 |
| Percentage screened | 86.2% |

Descriptive statistics - England

| | |
|----------------|-------|
| Lower Quartile | 79.1% |
| Median | 81.4% |
| Upper Quartile | 84.3% |

For this indicator the practice is

Comparable to other practices
Practice z score against national average = -1.4

Indicator Information

Period: 01/04/2015 - 31/03/2016 **Link:** <http://qof.digital.nhs.uk/>

Numerator: Number of women aged 25-64 whose notes record a cervical screening test within the preceding 5 years.

Denominator: Total number of females aged 25-64

Commentary: This is one of the few cancers that is preventable because pre-cancerous cell changes can be picked up before they have a chance to develop into cancer. Practices should aim to deliver the nationally expected threshold of 80 percent. Those practices achieving this level would be considered as an example of good practice.

Caveats affecting this indicator: Please note the data used for this indicator will include women who may have otherwise have been excluded from cervical screening (e.g. those with hysterectomy, complete removal of the cervix).

PRACTICE BACKGROUND **FACTS AND FIGURES** APPENDIX

SUMMARY SAFE **EFFECTIVE** CARING RESPONSIVE WELL-LED

MYNHSCIM3*: Childhood Vaccinations up to Age 2

*Please note this is an experimental indicator provided by NHS England. There are data quality issues relating to completeness which are being worked through by NHS England. Please view our FAQs for further detail.

| Sub-indicators | Percentage Vaccinated* | Compare to 90% standard |
|---|------------------------|-------------------------|
| MYNHSCIMA: Percentage of children aged 1 with full course of recommended vaccines | 91.5% | Above standard |
| MYNHSCIMB: Percentage of children aged 2 with pneumococcal conjugate booster vaccine | 93.8% | Above standard |
| MYNHSCIMC: Percentage of children aged 2 with Haemophilus influenza type b and Meningitis C booster vaccine | 90.3% | Above standard |
| MYNHSCIMD: Percentage of children aged 2 with Measles, Mumps and Rubella vaccine | 91.2% | Above standard |

Source: NHS England - 01/04/2015 - 31/03/2016

| Practice data for indicator | |
|-----------------------------|--------------------|
| Score out of 10 | 9.2 |
| 90% coverage achieved in | 4/4 sub-indicators |

| Descriptive statistics - England | |
|--|-----|
| England average score | 9.1 |
| National expected coverage of vaccinations | 90% |

For this indicator the practice is/has

In line with national standard

Indicator Information

Period: 01/04/2015 - 31/03/2016 **Link:** <https://www.england.nhs.uk/statistics/statistical-work-areas/child-immunisation/>

Numerator: Composite based on the following 4 sub indicators: Sub indicator 1 of 4: The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)(i.e. three doses of DTaP/IPV/Hib) Sub indicator 2 of 4: The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) Sub indicator 3 of 4: The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) Sub indicator 4 of 4: The percentage of children aged 2 who have completed immunisation for measles, mumps and rubella (one dose of MMR)

Denominator: Maximum immunisation for all 4 sub indicators (400)

Commentary: Higher values are better but it is generally understood that achieving high uptake rates is more difficult for practices with patients from hard-to-reach groups such as homeless, traveller and migrant populations. This wider context should therefore be considered when comparing values.

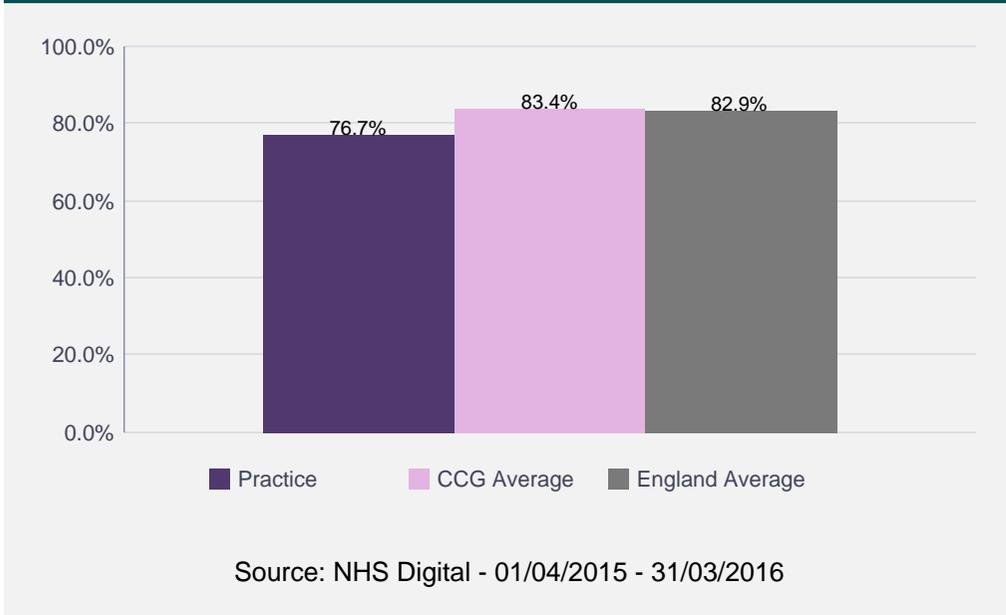
Caveats affecting this indicator: The national expectation is that 90% of children will receive each of the 4 vaccinations. Caution: a score of 9/10 on the composite indicator does not necessarily mean all four standards have been met. Individual sub-indicators should be consulted.

PRACTICE BACKGROUND **FACTS AND FIGURES** **APPENDIX**

SUMMARY SAFE **EFFECTIVE** CARING RESPONSIVE WELL-LED

HYP006: High Blood Pressure Management

Practice result compared against CCG and England



Practice data for indicator

| | |
|---|-------|
| Patients with recommended measurement | 1,295 |
| Total eligible patients | 1,689 |
| Percentage with recommended measurement | 76.7% |

Descriptive statistics - England

| | |
|----------------|-------|
| Lower Quartile | 80.4% |
| Median | 83.5% |
| Upper Quartile | 86.6% |

For this indicator the practice is

Comparable to other practices
Practice z score against national average = 1.5

Indicator Information

Period: 01/04/2015 - 31/03/2016 **Link:** <http://qof.digital.nhs.uk/>

Numerator: Number of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less

Denominator: Total number of patients with hypertension

Commentary: This indicator measures the intermediate health outcome of a blood pressure of 150/90 mmHg or less in patients with hypertension. This intermediate outcome can reduce risk of cardiovascular disease (CVD) and can be achieved through lifestyle advice and the use of drug therapy. Practices with higher values are performing better on this indicator. The national level of expectation for this indicator is 80%

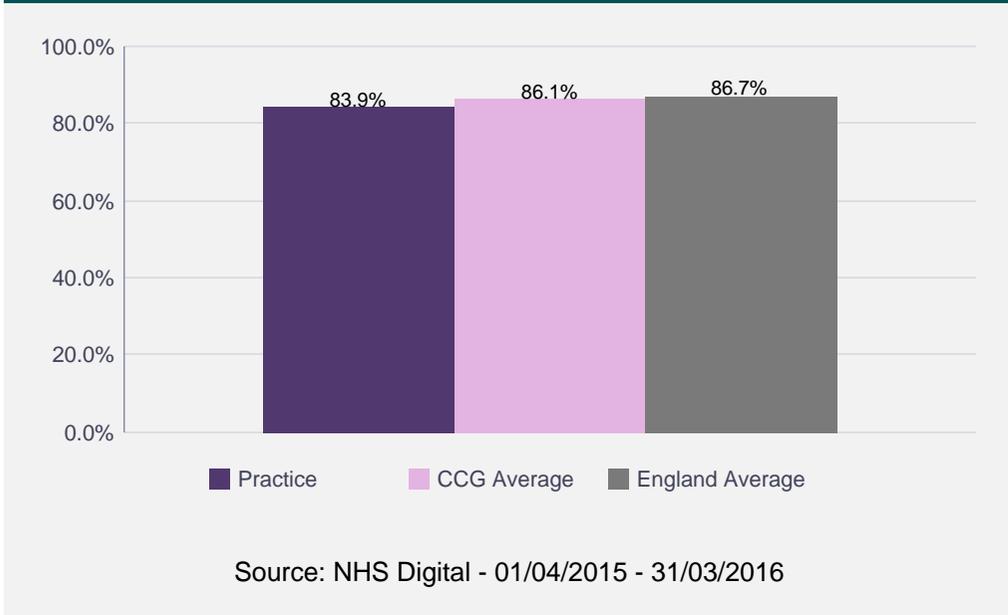
Caveats affecting this indicator: No specific caveats

PRACTICE BACKGROUND **FACTS AND FIGURES** APPENDIX

SUMMARY SAFE **EFFECTIVE** CARING RESPONSIVE WELL-LED

AF007: Stroke Prevention: Medication for patients with atrial fibrillation

Practice result compared against CCG and England



Practice data for indicator

| | |
|-----------------------------------|-------|
| Number of patients treated | 146 |
| Patients with atrial fibrillation | 174 |
| Percentage treated | 83.9% |

Descriptive statistics - England

| | |
|----------------|-------|
| Lower Quartile | 81.8% |
| Median | 87.4% |
| Upper Quartile | 92.8% |

For this indicator the practice is

Comparable to other practices
Practice z score against national average = 0.5

Indicator Information

Period: 01/04/2015 - 31/03/2016 **Link:** <http://qof.digital.nhs.uk/>

Numerator: Number of patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more treated with anti-coagulation drug therapy

Denominator: Total number of patients with atrial fibrillation

Commentary: Atrial Fibrillation (AF) is a common and significant cause of morbidity and mortality. The age-specific prevalence of AF is rising, presumably due to improved survival of patients with CHD. One per cent of a typical practice population will be in AF; five per cent of patients aged 65 or over and nine percent of patients aged 75 or over. AF is associated with a five-fold increase in risk of stroke. Practices with higher values are considered to be doing well on this indicator.

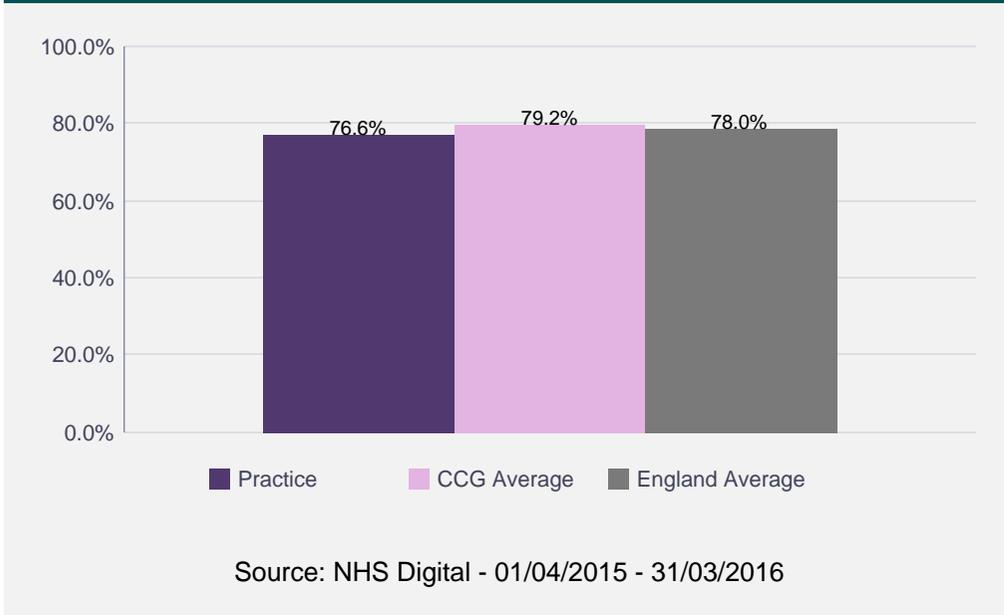
Caveats affecting this indicator: The denominator excludes patients that may have been exception reported by the practice. Examples of exceptions include where three or more attempts have been made to contact the patient without success, or those patients where an intervention is not clinically appropriate e.g. those who have an allergy, contra-indication or have experienced an adverse reaction. There are a number of other exception criteria.

PRACTICE BACKGROUND **FACTS AND FIGURES** APPENDIX

SUMMARY SAFE **EFFECTIVE** CARING RESPONSIVE WELL-LED

QOFGP102: Diabetes - Managing Blood Glucose Level (HbA1c)

Practice result compared against CCG and England



Practice data for indicator

| | |
|-------------------------------------|-------|
| Patients within recommended level | 416 |
| Patients on diabetes register | 543 |
| Percentage within recommended level | 76.6% |

Descriptive statistics - England

| | |
|----------------|-------|
| Lower Quartile | 72.4% |
| Median | 78.7% |
| Upper Quartile | 84.4% |

For this indicator the practice is

Comparable to other practices
Practice z score against national average = 0.2

Indicator Information

Period: 01/04/2015 - 31/03/2016 **Link:** <http://qof.digital.nhs.uk/>

Numerator: Number of patients with diabetes on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months

Denominator: Total number of patients on the diabetes register.

Commentary: Practices with higher percentage values for this indicator are better at managing glycaemic control within type 2 diabetic patients. The national level of expectation is 83%. There is a near linear relationship between glycaemic control and death rate in patients with type 2 diabetes (i.e. lower levels of HbA1c are on average better for patients). Scientific studies have shown a one per cent higher HbA1c to be independently associated with 28 per cent higher risk of death. However, aggressive treatment strategies also present risks. Given that there is strong evidence to support tight glycaemic control in type 1 diabetes, which is reflected in current NICE and SIGN guidelines, this indicator aims to balance risks and benefits for patients with type 2 diabetes.

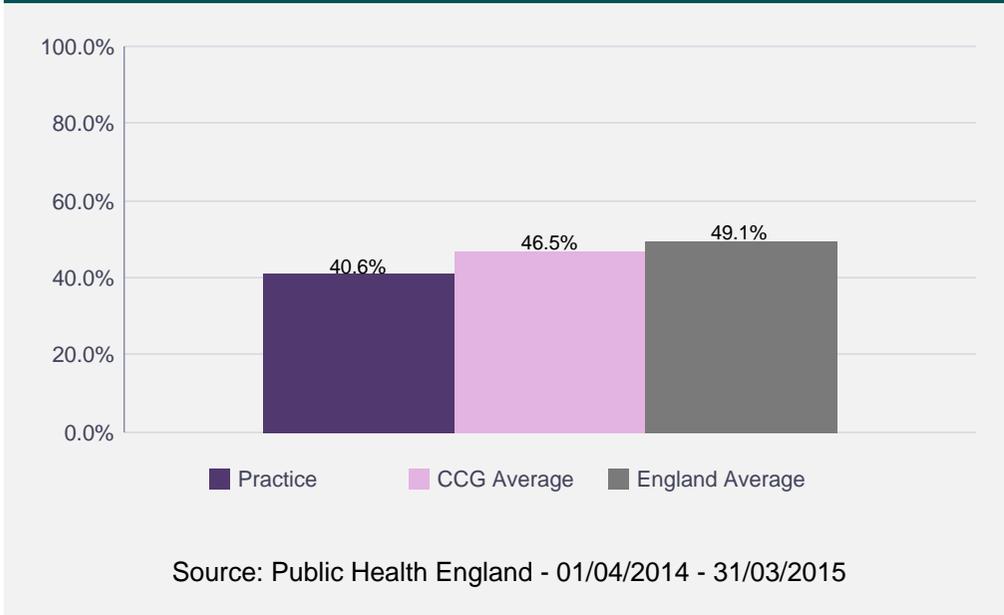
Caveats affecting this indicator: There are a range of thresholds that apply in the management of blood glucose (HbA1c) levels and this selected indicator is intended only as indicative of blood glucose management in diabetic patients.

PRACTICE BACKGROUND **FACTS AND FIGURES** APPENDIX

SUMMARY SAFE **EFFECTIVE** CARING RESPONSIVE WELL-LED

MYNHSCAN3: Cancer detection rate

Practice result compared against CCG and England



Practice data for indicator

| | |
|---|-------|
| Patients detected and had a 2 week referral | 26 |
| Patients with a new diagnosis | 64 |
| Percentage detected | 40.6% |

Descriptive statistics - England

| | |
|----------------|-------|
| Lower Quartile | 39.1% |
| Median | 47.7% |
| Upper Quartile | 56.1% |

For this indicator the practice is

Comparable to other practices
Practice z score against national average = 0.8

Indicator Information

Period: 01/04/2014 - 31/03/2015 **Link:** <http://fingertips.phe.org.uk/cancerservices>

Numerator: The number of patients recorded by GP practices as having a 2 week cancer referral in the year of interest who were subsequently diagnosed as having cancer.

Denominator: The number of patients who have a date of first treatment in the year of interest recorded on the cancer waiting times system

Commentary: This indicator gives an estimation of the GP practice's detection rate, by showing how many cases of cancer for people registered at a practice were detected by that practice and referred via the two-week wait pathway. Practices with high detection rates will improve early diagnosis and timely treatment of patients which will positively impact survival rates.

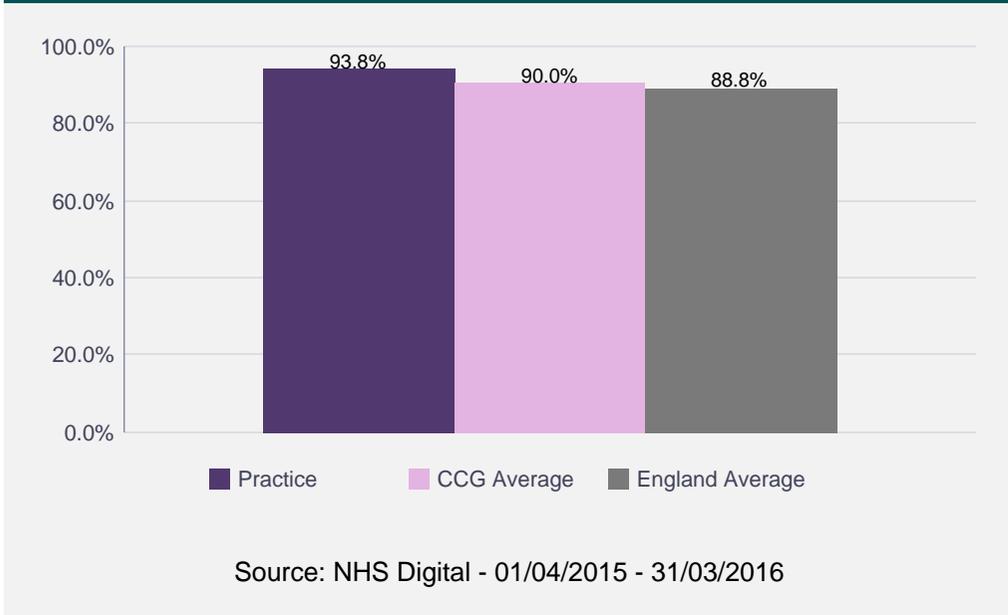
Caveats affecting this indicator: Practices with denominators ≤ 4 have been suppressed.

PRACTICE BACKGROUND **FACTS AND FIGURES** APPENDIX

SUMMARY SAFE **EFFECTIVE** CARING RESPONSIVE WELL-LED

QOFGP110: Mental Health – Comprehensive Care Planning

Practice result compared against CCG and England



Practice data for indicator

| | |
|-----------------------------|-------|
| Patients with a care plan | 60 |
| Total number of patients | 64 |
| Percentage with a care plan | 93.8% |

Descriptive statistics - England

| | |
|----------------|-------|
| Lower Quartile | 89.6% |
| Median | 93.1% |
| Upper Quartile | 96.3% |

For this indicator the practice is

Comparable to other practices
Practice z score against national average = -0.7

Indicator Information

Period: 01/04/2015 - 31/03/2016 **Link:** <http://qof.digital.nhs.uk/>

Numerator: Number of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan agreed and documented in the records

Denominator: Total number of patients with schizophrenia, bipolar affective disorder and other psychoses

Commentary: This indicator reflects good professional practice and is supported by NICE clinical guidelines. Up to half of patients who have a serious mental illness are seen only in a primary care setting. Patients on the mental health disease register should have a documented primary care consultation that acknowledges, especially in the event of a relapse, a plan for care. This consultation may include the views of their relatives or carers where appropriate. Practices with higher values are considered to be doing well on this indicator. The national level of expectation for this indicator is 90%.

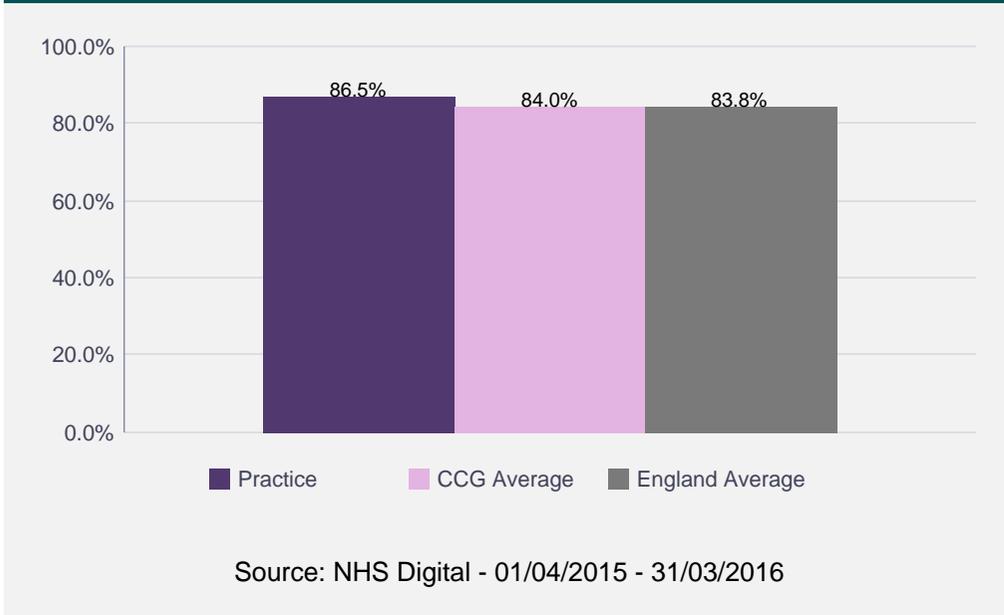
Caveats affecting this indicator: The denominator excludes patients that may have been exception reported by the practice. Examples of exceptions include where three or more attempts have been made to contact the patient without success, or those patients where an intervention is not clinically appropriate e.g. those who have an allergy, contra-indication or have experienced an adverse reaction. There are a number of other exception criteria.

PRACTICE BACKGROUND **FACTS AND FIGURES** APPENDIX

SUMMARY SAFE **EFFECTIVE** CARING RESPONSIVE WELL-LED

DEM004: Dementia - Face to Face Reviews

Practice result compared against CCG and England



Practice data for indicator

| | |
|--|-------|
| Patients reviewed by GP | 64 |
| Patients with dementia diagnosis | 74 |
| Percentage of dementia patients reviewed by GP | 86.5% |

Descriptive statistics - England

| | |
|----------------|-------|
| Lower Quartile | 78.9% |
| Median | 85.7% |
| Upper Quartile | 93.7% |

For this indicator the practice is

Comparable to other practices
Practice z score against national average = -0.3

Indicator Information

Period: 01/04/2015 - 31/03/2016 **Link:** <http://qof.digital.nhs.uk/>

Numerator: Number of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the previous 12 months

Denominator: Total number of patients diagnosed with dementia

Commentary: Dementia is a syndrome characterised by an insidious but ultimately catastrophic progressive global deterioration in intellectual function and is a main cause of late life disability. The prevalence of dementia increases with age and is estimated to be approximately 20 per cent at the age of 80. The face-to-face review focuses on support needs of the patient and their carer. It covers four key issues: the physical and mental health of the patient; the information needs of the carer; the impact of caring on the carer; and communication arrangements with secondary care. Patients diagnosed with dementia are expected to be offered annual appointments specifically to review their diagnosis and care plan. Ideally the first appointment will be within six months of diagnosis. Practices achieving higher values on this indicator are better. The national level of expectation is 70%

Caveats affecting this indicator: The denominator excludes patients that may have been exception reported by the practice. Examples of exceptions include where three or more attempts have been made to contact the patient without success, or those patients where an intervention is not clinically appropriate e.g. those who have an allergy, contra-indication or have experienced an adverse reaction. There are a number of other exception criteria.

PRACTICE BACKGROUND **FACTS AND FIGURES** APPENDIX

SUMMARY SAFE **EFFECTIVE** CARING RESPONSIVE WELL-LED

GPHLIAP: Antibiotic Prescribing

Practice result compared against CCG and England

| Level of result | Items per standardised prescribing unit |
|-----------------|---|
| Practice | 1.11 |
| CCG Average | 1.04 |
| England Average | 1.01 |

Practice data for indicator

| | |
|---|-------|
| Antibacterial items prescribed | 6,573 |
| Specific Therapeutic group Age-sex Related Prescribing Unit | 5,915 |
| Items per standardised prescribing unit | 1.11 |

Descriptive statistics - England

| | |
|----------------|------|
| Lower Quartile | 0.86 |
| Median | 1.01 |
| Upper Quartile | 1.16 |

For this indicator the practice is

Comparable to other practices
Practice z score against national average = 0.5

Source: NHS Business Services Authority - 01/07/2015 - 30/06/2016

Indicator Information

Period: 01/07/2015 - 30/06/2016 **Link:** Quarterly data extract obtained from NHS Business Services Authority (BSA). Hyperlink not available

Numerator: Total number of items for Antibacterial drugs (BNF 5.1)

Denominator: Total number of oral antibacterial (BNF 5.1 sub-set) items based STAR_PU (based on the latest quarter within the time period of the numerator).

Commentary: GP practices can play an important role in ensuring that prescriptions of antibiotics are appropriate. Over-use and inappropriate use of antibiotics is a problem as it can lead to the spread of antimicrobial resistance. Antibiotic resistance has increased year on year (2010-13) and along side this, the number of bloodstream infections caused by resistant bacteria has also increased. For more information see the UK 5-year Antimicrobial Resistance Strategy available at: <https://www.gov.uk/government/publications/uk-5-year-antimicrobial-resistance-strategy-2013-to-2018>. Very low prescribing of antibiotics could indicate that patients' health may be compromised if they are not prescribed antibiotics when presenting with symptoms that would merit timely intervention.

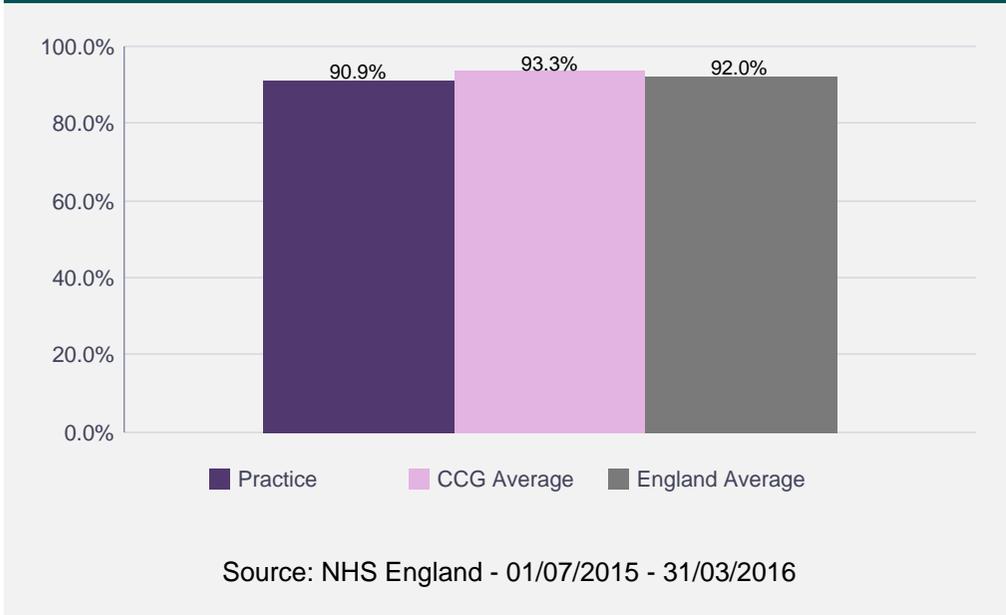
Caveats affecting this indicator: Values for practices that do not have four consecutive quarters of data have been suppressed, as they can not be compared like for like with other practices or the England average.

PRACTICE BACKGROUND **FACTS AND FIGURES** APPENDIX

SUMMARY SAFE EFFECTIVE **CARING** RESPONSIVE WELL-LED

GPPS029: Patient Experience - Confidence and Trust in GP

Practice result compared against CCG and England



Practice data for indicator

| | |
|------------------------------------|-------|
| Respondents have confidence/trust* | 140 |
| Total number of respondents* | 154 |
| Percentage answering positively | 90.9% |

Descriptive statistics - England

| | |
|----------------|-------|
| Lower Quartile | 88.7% |
| Median | 92.7% |
| Upper Quartile | 95.5% |

For this indicator the practice is

Comparable to other practices
Practice z score against national average = 0.3

Indicator Information

Period: 01/07/2015 - 31/03/2016 **Link:** <https://gp-patient.co.uk/>

Numerator: Total respondents who answered "Yes, definitely" or "Yes, to some extent" to question 22 "Do you have confidence and trust in your GP?"

Denominator: Total responses to question 22 "Do you have confidence and trust in your GP?"

Commentary: Extensive research has shown the quality of the relationship between clinicians and patients to be key to both patient experience of healthcare, and improved clinical outcomes. (see Kelley et al 2014). GMC guidance emphasises that patients must be able to "trust doctors with their lives and health". Practices with higher values are considered to be doing well against this indicator.

Caveats affecting this indicator: This indicator is subject to the following factors: Practices whose values are suppressed in the published data have been removed from this analysis prior to any analysis of the data taking place. Practices that have denominators below the value of 10 have been removed from this analysis prior to any analysis of the data taking place. The results of the survey for each GP practice have been weighted to adjust the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete a questionnaire. More information about the weighting of the data can be found at <https://gp-patient.co.uk/faq/weighted-data>

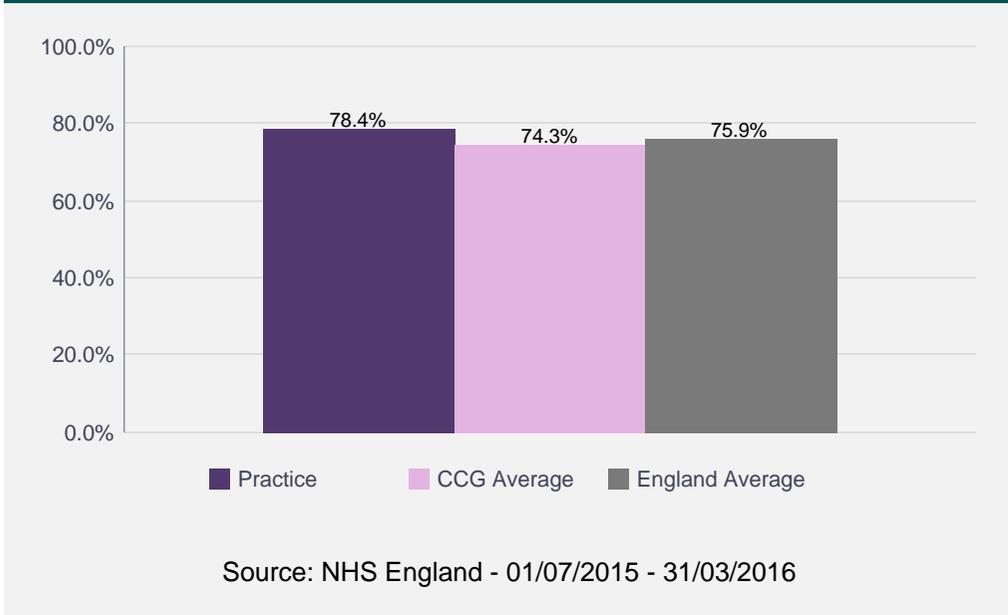
* these are weighted figures which have been rounded up

PRACTICE BACKGROUND **FACTS AND FIGURES** APPENDIX

SUMMARY SAFE EFFECTIVE CARING **RESPONSIVE** WELL-LED

GPPS030: Patient Satisfaction with GP Practice Opening Times

Practice result compared against CCG and England



Practice data for indicator

| | |
|---------------------------------|-------|
| Respondents are satisfied* | 120 |
| Total number of respondents* | 153 |
| Percentage answering positively | 78.4% |

Descriptive statistics - England

| | |
|----------------|-------|
| Lower Quartile | 71.0% |
| Median | 76.9% |
| Upper Quartile | 82.7% |

For this indicator the practice is

Comparable to other practices
Practice z score against national average = -0.4

Indicator Information

Period: 01/07/2015 - 31/03/2016 **Link:** <https://gp-patient.co.uk/>

Numerator: Total respondents who answered "Very satisfied" or "Fairly satisfied" to question 25 "How satisfied are you with the hours that your GP surgery is open?"

Denominator: Total responses to question 25 "How satisfied are you with the hours that your GP surgery is open?"

Commentary: Patients place a high priority on having good access to GPs. A number of issues relate to access and availability; of these, information about opening times routinely emerges as an important issue for patients (see Britain Thinks, 2015). Furthermore, research has found that patient satisfaction with access, as reported in measures such as this, tend to be associated with better clinical outcomes (Kings' Fund, 2012). Practices with higher values are considered to be doing well against this indicator.

Caveats affecting this indicator: This indicator is subject to the following factors: Practices whose values are suppressed in the published data have been removed from this analysis prior to any analysis of the data taking place. Practices that have denominators below the value of 10 have been removed from this analysis prior to any analysis of the data taking place. The results of the survey for each GP practice have been weighted to adjust the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete a questionnaire. More information about the weighting of the data can be found at <https://gp-patient.co.uk/faq/weighted-data>

* these are weighted figures which have been rounded up

| Column Heading | Explanation |
|----------------------------------|---|
| Key Question | Which of CQC's 5 key questions the indicator answers |
| Indicator Code | The internal CQC unique code assigned to the indicator (e.g. GPHLIAP) |
| Indicator description | A brief description of the indicator detailing what the indicator is looking at. Fuller description will be available under 'Indicator Information' on the indicator level pages of the report. |
| Numerator | The numerator and denominator components of an indicator will vary in description depending on the nature of the indicator |
| Denominator | |
| Commentary | Provides supportive information to aid understanding of the indicator. More detailed information will be available in the Indicator & Methodology guidance (www.cqc.org.uk/GPInsight) |
| Caveats | Caveats describe any caution that must be observed when interpreting the data, e.g. completeness of data and suppression etc. |
| Descriptive Statistics – England | Descriptive Statistics help to detail the spread of data for an indicator. In this report three points are presented (lower quartile, median and upper quartile), that divide the data set into four equal groups. A practice's indicator value can be compared to these quartile values to gain a picture as to where it sits within the spread of data. |
| Z score | A statistical measurement of a score's relationship to the mean in a group of scores. More detailed information will be available in the Statistical Methodology guidance (www.cqc.org.uk/GPInsight) |
| England and CCG Average | The average (a number expressing the central or typical value in a set of data) value for that indicator based on the sum totals of all practices. The report will provide two averages: an England average based on all practices as well as a CCG average which is based on all practices within the practice's commissioning CCG. |