Intelligent Monitoring

NHS GP practices
Indicators and methodology

December 2014

Contents

Introduction

The Care Quality Commission (CQC) has developed a new model for monitoring a range of key indicators for NHS GP practices. These indicators relate to the five key questions we will ask of all services – are they safe, effective, caring, responsive, and well-led. This guidance provides the full details for each indicator used in the model and explains how we have created an overall 'priority band for inspection' for each individual NHS GP practice.

We will use our analysis of these indicators to raise questions, not make judgements, about the quality of care. Our judgements will always follow inspections, which take into account the results of our intelligent monitoring and reports from other organisations.

This is the first version of the indicators that we will use to help monitor quality in NHS GP practices. We have developed this set of indicators through consultation and testing – for further details please refer to the "NHS GP practices and GP out-of-hours services provider handbook" (October 2014).

For the majority of indicators, we use data from each practice to see the difference between its actual performance and what we would expect to see. We do this using a 'z-score'. We use this score to allocate each indicator to the following three levels using a set of thresholds, for each NHS GP practice:

- 'no evidence of risk'
- 'risk'
- 'elevated risk'

The indicators that do not use a 'z-score' to determine these three levels are ones that are based on categorical data: For these indicators, we have determined the level of risk according to a set of rules.

All the indicators used are statistically combined into six priority bands for inspection. We do this by:

- Calculating the number of indicators identified as 'risk' and 'elevated risk' and then weighting it to ensure that 'elevated risks' have a greater impact on the banding.
- Dividing this by the score that would have been calculated if every indicator were identified as 'elevated risk'.
- Applying thresholds to allocate the resulting proportion to a band, where Band 1 indicates the highest priority for inspection.

For full details concerning how we have calculated the priority bands for inspection, see the section, 'Summary statistics for each practice'.

This guidance details how we have created the summary view for each NHS GP practice as well as the individual indicator definitions. For each indicator we explain:

- how the numerator and denominator have been constructed,
- how we have determined 'risk', 'elevated risk' and 'no evidence of risk',
- the time period of the data source, and
- the data source and links to the original source (where this is available).

There is also a separate methodology document to supplement this document which describes the statistical methods we have used, including how we have determined 'z-scores' for different indicator types.

Summary statistics for each practice

The following fields have been calculated for each NHS GP practice.

Total number of risks: total number of indicators identified as 'risk' (thresholds and rules for identifying risk are provided in the individual indicator details below).

Total number of elevated risks: total number of indicators identified as 'elevated risk' (thresholds and rules for identifying 'elevated risk' are provided in the individual indicator details below).

Number of applicable indicators: a count of the number of indicators that apply to the individual practice.

Overall risk score: a weighted sum of (number of risks) + (number of elevated risks x 2).

Maximum possible risk score: the score a practice would receive if it had been flagged as 'elevated risk' for every single applied indicator in the model.

Proportional risk score: calculated from (overall risk score)/ (maximum possible risk score)

Priority band for inspection: CQC has categorised practices into one of six priority bands for inspection, with Band 1 representing highest priority and Band 6 the lowest. These bands have been identified as 'risk' or 'elevated risk' (the proportional risk score) based on the proportion of indicators. For the practices assigned a priority band based on the proportion of indicators, we have used the following thresholds:

Band	
Band 1	≥ 7.0%
Band 2	≥ 5.5%
Band 3	≥ 4.5%
Band 4	≥ 3.5 %
Band 5	≥ 2.5 %
Band 6	< 2.5 %

In response to feedback received, CQC updated the GP Intelligent Monitoring results on December 5th with a reduced total of 37 indicators. For a small number (less than 1%) of practices, this results in the proportional risk score moving marginally across the threshold between bands, even though the number of indicators showing risk has not. In these cases (indicated by a '' alongside the band), the original banding for the practice has been retained.*

Background information on intelligent monitoring for GPs

GP intelligent monitoring is an initial list of 37 indicators that currently cover three of our five key questions - Effective, Responsive and Caring. The indicators used in intelligent monitoring are already included within the location data packs that can be accessed pre inspection. As with the approach followed in the Hospitals sector, the tool draws on existing and established national data sources (e.g. QOF, GP Patient Survey), and each GP practice has been categorised into one of six priority bands for inspection, with Band 1 representing the highest priority. These bandings have not been included in the data packs in advance of the publication, but will be afterwards.

The intelligent monitoring methodology identifies indicator scores that are significantly worse than the expected value, which is usually defined as the national average. Indicators are flagged as showing 'no evidence of risk', 'risk' or 'elevated risk' depending on the difference between the indicator score and the expected value. This terminology may change for future releases, given the differences between primary and secondary care, and that practices generally perform well in QOF / GP Patient Survey data. An overall score for each practice is calculated, based on the proportion of their indicators that are a 'risk' or 'elevated risk', and this is used to allocate the practice to a priority band for inspection.

This guidance document explains the methodology in more detail, but any of the following combinations of risks would be sufficient to categorise a practice with 37 indicators as Band 1 (highest priority):

- 3 indicators flagging as 'elevated risk', or
- 2 with elevated risk and 2 with a 'risk', or
- 1 with 'elevated risk' and 4 with a 'risk'

The priority bandings help to identify:

- scheduling decisions
- potential risks
- key lines of enquiry

In respect of intelligent monitoring, it is important to note the context. This is the first release, we have partial domain coverage and future developments are planned - it should therefore be viewed as part of our wider approach to corroborate intelligence including:

- Intelligence sharing relationships with Quality Surveillance Groups, NHS England area teams, Clinical Commissioning Groups (CCGs), GP practices and the public

- Views of other systems holding data (NHS England primary care web tool, local Healthwatch, Public Health England practice profiles)

- Additional information held in the CCG and location level data packs

- CQC Pre inspection 'information sharing meetings'
- CQC Post inspection feedback

Descriptions of the indicators

Effective

Indicator ID	GPHLIAC01
Indicator description	**The number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions per 1,000 population**
Rationale	Ambulatory Care Sensitive Conditions (ACS) account for one in every six emergency hospital admission in England. This shows the number of admissions for ambulatory care sensitive conditions per 1000 patients on a GP practice list. ACS conditions are a group of conditions where care could be effectively managed outside hospital, therefore a high rate of admissions for these conditions may indicate that there is inadequate support to manage these conditions in the community, although other factors such as social and living conditions, poor community support services, and non-response to medication may also result in high levels of admissions.
Indicator construction	**Numerator:** The number of Emergency Admissions for 19 Ambulatory Care Sensitive (ACS) conditions	**Denominator:** Number of patients registered at the GP Practice / 1000 practice population
Indicator type	Ratio of counts	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Hospital Episode Statistics (HES) Denominator: NHS Comparators	
Notes	Please note data was suppressed for practices with between 1 and 5 emergency admissions for 19 Ambulatory Care Sensitive (ACS) conditions.	

Indicator ID	GPHLIAP
Indicator description	**Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU)**
Rationale	Antibiotics are used to treat infections caused by bacteria. This comparator measures the overall volume of antibiotics prescribed by a general practice, taking into account the size of the practice and the mix of ages and gender balance of the patients it treats. Antibiotic resistance is driven by over-using antibiotics and prescribing them inappropriately. There is a need to preserve specific antibiotics for the future and discourage their use for common infections. Keeping levels of antibacterial prescribing low, by only prescribing antibiotics when appropriate, will help reduce the spread of the antibacterial resistance that can be a serious threat to patients who have infections that do not respond to antimicrobial drugs. An unusually high value for this comparator may indicate some inappropriateness in the use of antibiotics.

Indicator construction	**Numerator:** Total number of items for Antibacterial drugs (BNF 5.1)	**Denominator:** Total number of oral antibacterials (BNF 5.1 sub-set) items based STAR_PU

Indicator type	Ratio of counts	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: electronic Prescribing Analysis and Costs (ePACT) Denominator: electronic Prescribing Analysis and Costs (ePACT)	
Notes	A STAR-PU (or Specific Therapeutic group Age-sex Related Prescribing Unit) is a value calculated to reflect not only the number of patients in a practice, but also the age and sex mix of that group. Because the need for particular drugs within a group of patients is affected by their ages and gender balance, using the number of STAR-PUs, instead of the number of patients, as the basis the indicator, means that comparisons between general practices better reflect differences in prescribing practice, and are less influenced by differences between the groups of patients being treated.	

Indicator ID	GPHLICH01
Indicator description	**The ratio of expected to reported prevalence of coronary heart disease (CHD)**
Rationale	The Coronary Heart Disease National Service Framework (CHD NSF) and now the new (General Medical Services) GMS contract state that general practitioners and primary care teams should develop a register of CHD patients, through which they can review medication, offer advice on diet and lifestyle, and maintain the necessary contact with patients most at risk of suffering renewed heart problems.

Indicator construction	**Numerator:** The Coronary Heart Disease (CHD) disease register from the Quality and Outcomes Framework (QOF)	**Denominator:** Expected prevalence adjusted by practice list and disease register.

Indicator type	Indirect standardised ratio	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2

Time-period	01/04/2013 to 31/03/2014
Data Source	Numerator: Quality and Outcomes Framework (QOF) Denominator: NHS Comparators
Notes	Denominator is the modelled number of patients in the practice estimated to have coronary heart disease. Practice List, modelled estimated disease register, and percentage. For information on the estimated prevalence model, the data used in the model, and methodology behind it, please go to the Public Health Observatories' website: http://www.apho.org.uk/DISEASEPREVALENCEMODELS

Indicator ID	GPHLICPD
Indicator description	**Ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD)**
Rationale	Clinicians in primary care have the skills to assess patients' symptoms for COPD and adequacy of their control, monitor progression of their disease, and identify the development of complications and the need for referral to secondary care or other specialists. Failure to identify cases early in the progression of the disease will impact on sensitivity to treatment, increase secondary care requirements and reduce quality of life.

Indicator construction	**Numerator:** Observed prevalence of patients with chronic obstructive pulmonary disease (COPD)	**Denominator:** Expected prevalence of patients with chronic obstructive pulmonary disease (COPD) adjusted by practice list and disease register.
Indicator type	Indirect standardised ratio	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF) Denominator: NHS Comparators	
Notes	Denominator is the modelled number of patients in the practice estimated to have Chronic Obstructive Pulmonary Disease. Practice List, modelled estimated disease register, and percentage. For information on the estimated prevalence model, the data used in the model, and methodology behind it, please go to the Public Health Observatories' website: http://www.apho.org.uk/DISEASEPREVALENCEMODELS High values are good. However, extremely high values may be indicative of over diagnosis or misdiagnosis.	

Indicator ID	GPHLICQI
Indicator description	**Percentage of Cephalosporins & Quinolones Items as a proportion of antibiotic items prescribed**
Rationale	Broad spectrum antibiotics, such as Quinolones and Cephalosporins, need to be reserved to treat resistant disease, and should generally be used only when standard and less expensive antibiotics are ineffective.
Indicator construction	**Numerator:** Number of prescribed items for Cephalosporins (0501021)* and Quinolones (050112) *BNF Code in brackets	**Denominator:** Number of prescribed items for Penicillins (050101) Cephalosporins (0501021) Tetracyclines (050103), Macrolides (050105), Sulphonamides And Trimethoprim (050108), Metronidazole, Tinidazole & Ornidazole (050111), Quinolones (050112) and Urinary-Tract Infections (050113) *BNF Code in brackets
Indicator type	Proportional	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: electronic Prescribing Analysis and Costs (ePACT) Denominator: electronic Prescribing Analysis and Costs (ePACT)	

Indicator ID	GPHLIEC01
Indicator description	**Emergency cancer admissions per 100 patients on disease register**
Rationale	Individual practices/ GPs will vary in their ability to recognise the early symptoms of cancer and or/screening of patients for condition. Failure to identify these less severe cases will impact on 1 year survival rates, as cancer will be further advanced when finally diagnosed.
Indicator construction	**Numerator:** The number of emergency admissions with primary diagnoses of malignant neoplasms	**Denominator:** Number of patients on the cancer disease register / 100

Indicator type	Ratio of counts	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3

No evidence of risk = z-score less than 2 |
| Time-period | Numerator: 01/04/2013 to 31/03/2014

Denominator: 01/04/2013 to 31/03/2014 | |
| Data Source | Numerator: Hospital Episode Statistics (HES)

Denominator: Quality and Outcomes Framework (QOF) | |
| Notes | Please note data was suppressed for practices with between 1 and 5 emergency cancer admissions. | |

Indicator ID	GPHLIFV01	
Indicator description	**The percentage of patients aged over 6 months to under 65 years in the defined influenza clinical risk groups that received the seasonal influenza vaccination**	
Rationale	People in clinical risk groups (pregnant women, people with chronic respiratory disease, chronic heart disease, chronic renal disease, chronic liver disease, chronic neurological disease, or diabetes, carers, children, and people who are immuno suppressed) are more vulnerable to the effects of flu, and more at risk of developing complications such as bronchitis and pneumonia which can result in hospitalisation. Nationally, there is a target for at least 75% of the population in clinical risk groups to have received the flu vaccination.	
Indicator construction	**Numerator:** The number of patients aged over 6 months to under 65 years in the defined influenza clinical risk groups that received the seasonal influenza vaccination	**Denominator:** All patients between 6 months to under 65 in clinical risk groups
Indicator type	Proportional	

Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3
		No evidence of risk = z-score less than 2
Time-period	01/09/2013 to 28/02/2014	
Data Source	Numerator: Information Centre Indicator Portal	
	Denominator: Information Centre Indicator Portal	
Notes	Flu vaccinations are available within a GP practice between the months of September and March. The indicator reflects this time period for the relevant year.	

Indicator ID	GPHLIFV02	
Indicator description	**The percentage of patients aged 65 and older who have received a seasonal flu vaccination**	
Rationale	People aged 65 and older are more vulnerable to the effects of flu, and more at risk of developing complications such as bronchitis and pneumonia which can result in hospitalisation. Nationally, there is a target for at least 75% of the population aged over 65 years to have received the flu vaccination.	
Indicator construction	**Numerator:** Number of patients over 65 who have received a flu vaccination	**Denominator:** All patients aged over 65 on the practice list
Indicator type	Proportional	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3
		No evidence of risk = z-score less than 2
Time-period	01/09/2013 to 28/02/2014	
Data Source	Numerator: Information Centre Indicator Portal	
	Denominator: Information Centre Indicator Portal	
Notes	Flu vaccinations are available within a GP practice between the months of September and March. The indicator reflects this time period for the relevant year.	

Indicator ID	GPHLIHP
Indicator description	**Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU)**
Rationale	Risks associated with long term use of hypnotic drugs have been well recognised for many years. The Committee on Safety of Medicines advised that benzodiazepine hypnotics should be used only if insomnia is severe, disabling or causing the patient extreme distress. The lowest dose that controls symptoms should be used, for a maximum of four weeks and intermittently if possible. NICE guidance on zaleplon, zolpidem and zopiclone (the so called 'Z drugs') also recommends that when, after due consideration of the use of non-pharmacological measures, hypnotic drug therapy is considered appropriate for the management of severe insomnia interfering with normal daily life, hypnotics should be prescribed for short periods of time only, in strict accordance with their licensed indications.

Indicator construction	**Numerator:** Total average daily quantity (ADQ) usage for benzodiazepines and "Z" drugs (zolpidem, zopiclone and zaleplon) in BNF 4.1.1	**Denominator:** Total number of Hypnotics (BNF 4.1.1 sub-set) ADQ based STAR_PU
Indicator type	Ratio of counts	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	01/10/2013 to 30/06/2014	
Data Source	Numerator: electronic Prescribing Analysis and Costs (ePACT) Denominator: electronic Prescribing Analysis and Costs (ePACT)	
Notes	The volume of prescribing is measured in Average Daily Quantities. For a given drug, the Average Daily Quantity is a value calculated to reflect the daily dose typically prescribed to individual patients within UK general practices. A STAR-PU (or Specific Therapeutic group Age-sex Related Prescribing Unit) is a value calculated to reflect not only the number of patients in a practice, but also the age and sex mix of that group. Because the need for particular drugs within a group of patients is affected by their ages and gender balance, using the number of STAR-PUs, instead of the number of patients, as the basis of the indicator, means that comparisons between general practices better reflect differences in prescribing practice, and are less influenced by differences between the groups of patients being treated.	

Indicator ID	GPHLIINI
Indicator description	**Number of Ibuprofen and Naproxen Items prescribed as a percentage of all Non-Steroidal Anti-Inflammatory drugs Items prescribed**
Rationale	NSAIDs (non-steroidal anti-inflammatory drugs) are widely used to relieve pain and inflammation and often prescribed in high doses for painful long-term conditions such as osteoarthritis and rheumatoid arthritis. There are long standing and well recognised safety concerns with all NSAIDs including an increased risk of cardiovascular 'events' (such as heart attacks and strokes), and of gastro-intestinal events (such as dyspepsia and ulcers). There is evidence that this risk is lower in the case of two particular NSAIDs: naproxen and low-dose ibuprofen. This comparator shows the extent to which a general practice's prescribing of NSAIDs is made up of naproxen and ibuprofen. An unusually low value for this indicator may indicate an over reliance on NSAIDs which carry greater gastro-intestinal and cardiovascular risks.

Indicator construction	**Numerator:** Number of prescribed items for Naproxen Sodium (100101070)* Ibuprofen Lysine (1001010AD) Ibuprofen (1001010J0) Naproxen (1001010P0) *BNF code in brackets	**Denominator:** Number of prescribed items for Non-Steroidal Anti-Inflammatory Drugs (100101)* *BNF code in brackets
Indicator type	Proportional	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	01/03/2013 to 31/04/2014	
Data Source	Numerator: electronic Prescribing Analysis and Costs (ePACT) Denominator: electronic Prescribing Analysis and Costs (ePACT)	

Indicator ID	GPOSDD01
Indicator description	**Dementia diagnosis rate adjusted by the number of patients in residential care homes**
Rationale	The objective aims to deliver continuing improvements in the management and identification of dementia in England. Practices should be aiming towards delivering the nationally expected threshold of 67% by 2015.

Indicator construction	**Numerator:** The number of patients recorded by GP practice as having dementia as reported in QOF data (Quality and Outcomes Framework)	**Denominator:** The expected number (prevalence) of patients on the disease register adjusted by the number of patients in residential care homes
Indicator type	Indirect standardised ratio	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	30/09/2014 to 30/09/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF) Denominator: NHS England's National Dementia Prevalence Calculator (version 3.0)	
Notes	The expected prevalence of dementia has been estimated by NHS England's National Dementia Prevalence Calculator (version 3.0). This uses "national age/sex specific rates applied to GP practice list size data by age and sex", from Knapp, M. & Prince, M. (2007) Dementia UK. London: Alzheimer's Society). Further adjustment is made according to the number of patients in a residential care home.	

Indicator ID	QOFGP102
Indicator description	**The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months**
Rationale	The three target levels for IFCC-HbA1c (59, 64 and 75 mmol/mol) in the QOF are designed to provide an incentive to improve glycaemic control across the distribution of IFCC-HbA1c values.

Indicator construction	**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:** Number of patients on the practice's diabetes register.
Indicator type	Proportional	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF) Denominator: Quality and Outcomes Framework (QOF)	

Indicator ID	QOFGP104
Indicator description	**The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification 1-4 within the preceding 12 months**
Rationale	Patients with diabetes are at high risk of foot complications. Evaluation of skin, soft tissue, musculoskeletal, vascular and neurological condition on an annual basis is important for the detection of feet at raised risk of ulceration.

Indicator construction	**Numerator:** Number of patients with diabetes with a record of a foot examination and risk classification within the preceding 12 months	**Denominator:** Total number of patients with diabetes
Indicator type	Proportional	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF) Denominator: Quality and Outcomes Framework (QOF)	

Notes	**Extended description:**
	The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes in previous ulcer) or 4) ulcerated foot within the preceding 12 months

Indicator ID	QOFGP106	
Indicator description	**The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less**	
Rationale	Blood pressure (BP) lowering in people with diabetes reduces the risk of macrovascular and microvascular disease. The target of 140/80 mmHg has been set as per the target recommended by NICE.	
Indicator construction	**Numerator:** Number of patients with diabetes in whom the last blood pressure is 140/80 or less in the preceding 12 months	**Denominator:** Total number of patients with diabetes on the practice's register
Indicator type	Proportional	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF) Denominator: Quality and Outcomes Framework (QOF)	

Indicator ID	QOFGP110
Indicator description	**The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months**
Rationale	This indicator reflects good professional practice and is supported by NICE clinical guidelines.

Indicator construction	**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
Indicator type	Proportional	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3
		No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF)	
	Denominator: Quality and Outcomes Framework (QOF)	
Notes	**Extended description:** The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate	

Indicator ID	QOFGP111	
Indicator description	**The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in the preceding 12 months**	
Rationale	Substance misuse by people with schizophrenia is increasingly recognised as a major problem, both in terms of its prevalence and its clinical and social effects. The National Psychiatric Morbidity Survey in England found that 16% of people with schizophrenia were drinking over the recommended limits of 21 units of alcohol for men and 14 units of alcohol for women a week. Bipolar affective disorder is also highly comorbid with alcohol and other substance misuse.	
Indicator construction	**Numerator:** Number of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of alcohol consumption in preceding 12 months	**Denominator:** Total number of patients with schizophrenia, bipolar affective disorder and other psychoses
Indicator type	Proportional	

Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3
		No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF)	
	Denominator: Quality and Outcomes Framework (QOF)	

Indicator ID	QOFGP150	
Indicator description	**The percentage of patients with atrial fibrillation, measured within the last 12 months, who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy**	
Rationale	Atrial fibrillation is the most common sustained cardiac arrhythmia and if left untreated is a significant risk factor for stroke and other morbidities. There is evidence that stroke risk can be substantially reduced by warfarin (approximately 66% risk reduction) and less so by aspirin (approximately 22% risk reduction).	
Indicator construction	**Numerator:** Number of patients with atrial fibrillation, with a CHADS2 score of 1 measured within the last 12 months, who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy	**Denominator:** Total number of patients with atrial fibrillation
Indicator type	Proportional	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3
		No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF)	
	Denominator: Quality and Outcomes Framework (QOF)	

Notes	**Extended description:**
	In those patients with atrial fibrillation in whom there is a record of a CHADS2 score of 1 (latest in the preceding 12 months), the percentage of patients who are currently treated with anti-coagulation drug therapy or anti-platelet therapy

Indicator ID	QOFGP155
Indicator description	**The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less**
Rationale	This indicator measures the intermediate health outcome of a blood pressure of 150/90 or less in patients with hypertension. Its intent is to promote the primary and secondary prevention of CVD through satisfactory blood pressure control. This intermediate outcome can be achieved through lifestyle advice and the use of drug therapy. For most patients a target of 140/85 is recommended. However, the British Hypertension Society suggests an audit standard of 150/90 which has been adopted for the QOF.

Indicator construction	**Numerator:** Number of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less	**Denominator:** Total number of patients with hypertension
Indicator type	Proportional	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3

No evidence of risk = z-score less than 2 |
| **Time-period** | 01/04/2013 to 31/03/2014 | |
| **Data Source** | Numerator: Quality and Outcomes Framework (QOF)

Denominator: Quality and Outcomes Framework (QOF) | |

Indicator ID	QOFGP162
Indicator description	**The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months**
Rationale	Smoking is known to be associated with an increased risk of coronary heart disease, is an important contributor to PAD, may be associated with a greater risk of stroke or TIA, relates to cardiovascular and pulmonary diseases, heightens risk of complications for patients with diabetes, contributes to COPD, reduces the benefits of some asthma treatments. Patients with schizophrenia, bipolar affective disorder or other psychoses are more likely to smoke than the general population and are therefore more likely to be affected by smoking-related illnesses.

Indicator construction	**Numerator:** Number of patients with these physical and/or mental health conditions whose notes record smoking status in the preceding 12 months	**Denominator:** Total number of patients with these physical and/or mental health conditions

Indicator type	Proportional	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF) Denominator: Quality and Outcomes Framework (QOF)	
Notes	**Extended description:** The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the previous 12 months	

Indicator ID	QOFGP178
Indicator description	**The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent**
Rationale	Osteoporotic fragility fractures can cause substantial pain and severe disability, and are associated with decreased life expectancy. Osteoporotic fragility fractures occur most commonly in the spine (vertebrate), hip (proximal femur) and wrist (dustal radius). They also occur in the arm (humerus), pelvis, ribs and other bones.

Indicator construction	**Numerator:** Number of patients aged 75 years and over, with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent	**Denominator:** Total number of patients aged 75 years and older with a fragility fracture on or after 1 April 2012
Indicator type	Proportional	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF) Denominator: Quality and Outcomes Framework (QOF)	

Indicator ID	QOFGP182
Indicator description	**The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years**
Rationale	This indicator is designed to encourage and incentivise contractors to continue to achieve high levels of uptake in cervical screening. Cervical screening can prevent cervical cancer.

Indicator construction	**Numerator:** Number of women aged 25-64 whose notes record a cervical	**Denominator:** Total number of females aged 25-64, except those who have

	screening test within the preceding 5 years.	withdrawn from the screening programme.
Indicator type	Proportional	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF) Denominator: Quality and Outcomes Framework (QOF)	

Indicator ID	QOFGP27	
Indicator description	**The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months**	
Rationale	A series of well-designed cohort and case control studies have demonstrated that people with Alzheimer-type dementia do not complain of common physical symptoms, but experience them to the same degree as the general population. As the illness progresses, and more agencies are involved, the review should additionally focus on assessing the communication between health and social care and nonstatutory sectors as appropriate, to ensure that potentially complex needs are addressed.	
Indicator construction	**Numerator:** Number of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the previous 12 months	**Denominator:** Total number of patients diagnosed with dementia
Indicator type	Proportional	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF) Denominator: Quality and Outcomes Framework (QOF)	

Indicator ID	QOFGP33
Indicator description	**The percentage of patients with diabetes, on the register, who have a record of an albumin: creatinine ratio test in the preceding 12 months**
Rationale	Diabetic patients are at risk of developing nephropathy. Measurements of urinary albumin loss and serum creatinine are the best screening tests for diabetic nephropathy. All patients with diabetes should have their urinary albumin concentration and serum creatinine measured at diagnosis and at regular intervals, usually annually.

Indicator construction	**Numerator:** Number of patients, on the diabetes register, who have a record an albumin: creatinine ratio test in the preceding 12 months	**Denominator:** Total number of patients on the diabetes register
Indicator type	Proportional	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF) Denominator: Quality and Outcomes Framework (QOF)	

Indicator ID	QOFGP35
Indicator description	**The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less**
Rationale	The age when a statin should be initiated is unclear. It is pragmatically suggested that the prescription of a statin should be considered for all diabetic patients over the age of 40, particularly if their cholesterol is greater than 5.0mmol/l. Below the age of 40 a decision needs to be reached between the doctor and the patient and may involve assessment of other risk factors and the actual age of the patient.

Indicator construction	**Numerator:** Number of patients one the diabetes register whose last measured total cholesterol within the previous 12 months is 5mmol/l or less	**Denominator:** Total number of patients on the diabetes register
Indicator type	Proportional	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF) Denominator: Quality and Outcomes Framework (QOF)	

Indicator ID	QOFGP36
Indicator description	**The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 September to 31 March**
Rationale	This is a current recommendation from the Department of Health and the Joint Committee on Vaccination and Immunisation.

Indicator construction	**Numerator:** Number of patients on the diabetes register who have had influenza immunisation in the preceding 1 September to 31 March	**Denominator:** Total number of patients on the diabetes register
Indicator type	Proportional	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF) Denominator: Quality and Outcomes Framework (QOF)	

Indicator ID	QOFGP51
Indicator description	**The contractor establishes and maintains a register of patients aged 18 or over with learning disabilities**
Rationale	This is good professional practice and is consistent with other clinical domains within the QOF as a building block for further evidence based interventions. A register makes it possible to call and recall patients effectively to provide systematic care and to audit care.
Indicator construction	For categorical indicators such as this, either zero points or full points are awarded by QOF. Where zero points have been awarded, a 'No' category has been assigned for the scorecard, and where full points have been awarded, the practice has been assigned to the 'Yes' category.
Indicator type	Categorical rules-based
Assessment of risk	Risk = No	No evidence of risk = Yes
Time-period	01/04/2013 to 31/03/2014
Data Source	Quality and Outcomes Framework (QOF)

Indicator ID	QOFGP54
Indicator description	**The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age**
Rationale	Identifying patients in need of palliative care, assessing their needs and preferences and proactively planning their care, are the key steps in the provision of high quality care at the end of life in general practice.
Indicator construction	For categorical indicators such as this, either zero points or full points are awarded by QOF. Where zero points have been awarded, a 'No' category has been assigned for the scorecard, and where full points have been awarded, the practice has been assigned to the 'Yes' category.
Indicator type	Categorical rules-based
Assessment of risk	Risk = No	No evidence of risk = Yes
Time-period	01/04/2013 to 31/03/2014
Data Source	Quality and Outcomes Framework (QOF)

Indicator ID	QOFGP55
Indicator description	**The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed**
Rationale	The QOF monitors occurrence of the multi-disciplinary meetings. The aims of these meetings include ensuring all aspects of the patients care have been considered; improving communication within the team and with other organisations and co-ordinating each patient's management plan.
Indicator construction	For categorical indicators such as this, either zero points or full points are awarded by QOF. Where zero points have been awarded, a 'No' category has been assigned for the scorecard, and where full points have been awarded, the practice has been assigned to the 'Yes' category.
Indicator type	Categorical rules-based

Assessment of risk	Risk = No	No evidence of risk = Yes

Time-period	01/04/2013 to 31/03/2014
Data Source	Quality and Outcomes Framework (QOF)

Caring

Indicator ID	GPPS003
Indicator description	**The proportion of respondents to the GP patient survey who stated that in the reception area other patients can't overhear'**
Rationale	Service users should be able to access care and treatment promptly.
Indicator construction	**Numerator:** Total responses who answered "No, other patients can't overhear" to question 5 "In the reception area, can other patients overhear what you say to the receptionist?"	**Denominator:** Total responses to question 5 "In the reception area, can other patients overhear what you say to the receptionist?" excluding "Don't Know".
Indicator type	Proportional
Time Period	01/07/2013 to 31/03/2014
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Data Source	The Numerator and Denominator have been extracted from the most recent publication of the GP Patient Survey. A link to both past and present publications can be found at: https://gp-patient.co.uk/surveys-and-reports.
Notes	Locations that have denominators below the value of 10 will be suppressed in final extract of the data. 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 weighing of the data can be found at https://gppatient.co.uk/faq/weighted-data.

Indicator ID	GPPS004
Indicator description	**The proportion of respondents to the GP patient survey who stated that they always or almost always see or speak to the GP they prefer**
Rationale	Service users should be able to access care and treatment promptly.

Indicator construction	Numerator: Total responses who answered "Always or almost always" to question 9 "How Often do you see or speak to the GP you prefer?"	Denominator: Total responses to question 9 "How Often do you see or speak to the GP you prefer?" excluding "Not tried at this GP Surgery".

Indicator type	Proportional
Time Period	01/07/2013 to 31/03/2014

Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2

Data Source	The Numerator and Denominator have been extracted from the most recent publication of the GP Patient Survey. A link to both past and present publications can be found at: https://gp-patient.co.uk/surveys-and-reports.
Notes	Locations that have denominators below the value of 10 will be suppressed in final extract of the data. 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 weighing of the data can be found at https://gppatient.co.uk/faq/weighted-data.

Indicator ID	GPPS014
Indicator description	**The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care**
Rationale	Service users should be involved in and informed of the care and treatment they receive.

Indicator construction	**Numerator:** Total responses who answered "Very good" and "Good" to question 21 part iv "Last time you saw or spoke to a GP from your GP surgery, how good was that GP at involving you in decisions about your care?"	**Denominator:** Total responses to question 21 part iv "Last time you saw or spoke to a GP from your GP surgery, how good was that GP at involving you in decisions about your care?" excluding "Doesn't apply".

Indicator type	Proportional
Time Period	01/07/2013 to 31/03/2014

| **Assessment of risk** | Risk = z-score greater than or equal to 2 but less than 3 | Elevated risk = z-score greater than or equal to 3

No evidence of risk = z-score less than 2 |
|---|---|---|

| **Data Source** | The Numerator and Denominator have been extracted from the most recent publication of the GP Patient Survey. A link to both past and present publications can be found at:

https://gp-patient.co.uk/surveys-and-reports. |
|---|---|
| **Notes** | Locations that have denominators below the value of 10 will be suppressed in final extract of the data.

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 weighing of the data can be found at https://gppatient.co.uk/faq/weighted-data. |

Indicator ID	GPPS015
Indicator description	**The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern**
Rationale	Service users should be treated with dignity and respect.

Indicator construction	Numerator: Total responses who answered "Very good" and "Good" to question 21 part v "Last time you saw or spoke to a GP from your GP surgery, how good was that GP a treating you with care and concern?"	Denominator: Total responses to question 21 part v "Last time you saw or spoke to a GP from your GP surgery, how good was that GP a treating you with care and concern?" excluding "Doesn't apply".

Indicator type	Proportional
Time Period	01/07/2013 to 31/03/2014

Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2

Data Source	The Numerator and Denominator have been extracted from the most recent publication of the GP Patient Survey. A link to both past and present publications can be found at: https://gp-patient.co.uk/surveys-and-reports.
Notes	Locations that have denominators below the value of 10 will be suppressed in final extract of the data. 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 weighing of the data can be found at https://gppatient.co.uk/faq/weighted-data.

Indicator ID	GPPS020
Indicator description	**The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse good or very good at involving them in decisions about their care**
Rationale	People who use services should experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

Indicator construction	**Numerator:** Total responses who answered "Very good" and "Good" to question 23 part iv "Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse in involving you in decisions about your care?"	**Denominator:** Total responses to question 23 part iv "Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse in involving you in decisions about your care?" excluding "Doesn't apply".
Indicator type	Proportional	
Time Period	01/07/2013 to 31/03/2014	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Data Source	The Numerator and Denominator have been extracted from the most recent publication of the GP Patient Survey. A link to both past and present publications can be found at: https://gp-patient.co.uk/surveys-and-reports.	
Notes	Locations that have denominators below the value of 10 will be suppressed in final extract of the data. 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 weighing of the data can be found at https://gppatient.co.uk/faq/weighted-data.	

Indicator ID	GPPS021
Indicator description	**The proportion of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern**
Rationale	Service users should be treated with dignity and respect.

Indicator construction	**Numerator:** Total responses who answered "Very good" and "Good" to question 23 part v "Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at treating you with care and concern?"	**Denominator:** Total responses to question 23 part v "Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at treating you with care and concern?" excluding "Doesn't apply".

Indicator type	Proportional
Time Period	01/07/2013 to 31/03/2014

Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2

Data Source	The Numerator and Denominator have been extracted from the most recent publication of the GP Patient Survey. A link to both past and present publications can be found at: https://gp-patient.co.uk/surveys-and-reports.
Notes	Locations that have denominators below the value of 10 will be suppressed in final extract of the data. 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 weighing of the data can be found at https://gppatient.co.uk/faq/weighted-data.

Indicator ID	GPPS025
Indicator description	**The proportion of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good**
Rationale	People who use services should experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

Indicator construction	**Numerator:** Total responses who answered "Very good" and "Fairly good" to question 28 "Overall, how would you describe your experience of your GP surgery?"	**Denominator:** Total responses to question 28 "Overall, how would you describe your experience of your GP surgery?"

Indicator type	Proportional
Time Period	01/07/2013 to 31/03/2014

Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2

Data Source	The Numerator and Denominator have been extracted from the most recent publication of the GP Patient Survey. A link to both past and present publications can be found at: https://gp-patient.co.uk/surveys-and-reports.
Notes	Locations that have denominators below the value of 10 will be suppressed in final extract of the data. 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 weighing of the data can be found at https://gppatient.co.uk/faq/weighted-data.

Responsive

Indicator ID	GPPS001
Indicator description	**The percentage of patients who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?'**
Rationale	Service users should be able to access care and treatment promptly.

Indicator construction	**Numerator:** Total weighted responses who answered "Very easy" and "Fairly easy" to question 3 "Generally, how easy is it to get through to someone at your GP surgery on the phone?"	**Denominator:** Total weighted responses to question 3 "Generally, how easy is it to get through to someone at your GP surgery on the phone?" excluding "Haven't tried".

Indicator type	Proportional
Time Period	01/07/2013 to 31/03/2014

Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2

Data Source	The Numerator and Denominator have been extracted from the most recent publication of the GP Patient Survey. A link to publications past and present can be found below: https://gp-patient.co.uk/surveys-and-reports.
Notes	Locations that have denominators below the value of 10 will be suppressed in final extract of the data. 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 weighing of the data can be found at https://gppatient.co.uk/faq/weighted-data.

Indicator ID	GPPS023	
Indicator description	**The percentage of patients who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours**	
Rationale	Service users should be able to access care and treatment promptly.	
Indicator construction	**Numerator:** Total responses who answered "Very satisfied" and "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?" excluding "I'm not sure when my GP surgery is open".
Indicator type	Proportional	
Time Period	01/07/2013 to 31/03/2014	
Assessment of risk	Risk = z-score greater than or equal to 2 but less than 3	Elevated risk = z-score greater than or equal to 3 No evidence of risk = z-score less than 2
Data Source	The Numerator and Denominator have been extracted from the most recent publication of the GP Patient Survey. A link to publications past and present can be found below: https://gp-patient.co.uk/surveys-and-reports.	
Notes	Locations that have denominators below the value of 10 will be suppressed in final extract of the data. 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 weighing of the data can be found at https://gppatient.co.uk/faq/weighted-data.	

List of data providers

ePACT, Electronic Prescribing Analysis and Cost: a system which allows authorised users at primary care organisations (PCOs) / Area Teams / NHS trusts and national users to electronically access prescription data.

GPPS, The GP Patient Survey is an independent survey run by IPSOS MORI on behalf of NHS England. The survey is sent out to over a million people across the UK. The results show how people feel about their GP practice.

HES, Hospital Episode Statistics: a data warehouse containing details of all admissions, outpatient appointments and A&E attendances at NHS hospitals in England.

HSCIC, Health & Social Care Information Centre: the national provider of information, data and IT systems for health and social care.

ICIP, Information Centre Indicator Portal: The Health & Social Care Information Centre's Indicator Portal brings a range of health indicators together in one place. Providing quick and easy access to hundreds of indicators, it's a valuable information resource for all health and social care professionals, not just information specialists.

NICE, the National Institute for Health and Care Excellence: a Non Departmental Public Body that provides national guidance and advice to improve health and social care, and develops guidance and quality standards.

NHS BSA, the NHS Business Services Authority: a Special Health Authority and an Arms-Length Body of the Department of Health which provides a range of critical central services to NHS organisations, NHS contractors, patients and the public.

NHS Comparators: an analytical service for commissioners and providers. It helps improve the quality of care delivered by benchmarking and comparing activity and costs on a local, regional and national level. NHS Comparators pulls together:

- activity and costed data through the Payment by Results (PbR) tariff from the Secondary Uses Service (SUS),
- information from The Quality and Outcomes Framework (QOF), and
- GP practice demographic population profile data.

QOF, Quality and Outcomes Framework: set of data collected from GP practices for the stated aims of 1) rewarding practices for providing quality care and 2) helping to standardise improvements in the delivery of quality care to patients.

Appendix: *MyNHS* GP Scorecard

We have developed the indicators for the intelligent monitoring of NHS GP practices in partnership with NHS England and other stakeholders. Individual GP practice scorecards using the intelligent monitoring indicators will be available in the *MyNHS* section of the NHS Choices website.

The table below shows how 'elevated risk', 'risk' and 'no evidence of risk' used in intelligent monitoring relate to the red, blue and green categories as presented for indicators in the *MyNHS* GP scorecard on the NHS Choices website:

Scorecard status	Z-score	Intelligent monitoring status	Z-score
Red	Z-score =>2	Elevated risk	Z-score =>3
		Risk	Z-score =>2 and <3
Blue	Z-score >-2 and <2	No evidence of risk	Z-score <2
Green	Z-score =<-2		