

GP Insight

NHS GP practices

Frequently Asked Questions

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1. What is CQC's GP Insight?

One of the key priorities of our Strategy for 2016-21 is that we will deliver an **intelligence-driven approach to regulation** – we will use our information from the public and providers more effectively to target our resources where the risk to the quality of care provided is greatest and to check where quality is improving.

The GP Insight model will bring together national information we hold on practices, to support our decision making. The new model for ongoing monitoring will be used to identify changes in indicators used to assess the quality of care; change can be improvements or decline.

GP Insight indicators support inspectors in assessments of change in the quality of care.

GP Insight draws on a set of key metrics developed as part of the Health Foundation's recommendation to consolidate the currently diverse publications through a new MyNHS publication. GP Insight indicators cover a range of GP activity and patient experience; national data sources underpinning this include:

- Quality and Outcomes Framework (QOF) (NHS Digital).
- GP Patient Survey (GPPS) (NHS England).
- NHS Business Services Authority.
- Public Health England.

2. How will CQC use this analysis?

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

GP Insight indicators help inspectors to speak to practices about the quality of care. Inspectors use them as a prompt to understand further. This is because there are various factors that require consideration when interpreting Insight reports, including:

- Some areas of GP practice activity may not lend themselves well to indicators, and the indicators do not cover all of our key questions.
- There may be local schemes in operation offered by NHS England or other organisations that might impact on national data and the practice indicator.
- Patient demographics or specific populations within the practice, e.g. university students.

This is why GP Insight is part of CQC's wider approach, including meeting with local NHS England teams and CCGs in advance of inspection to understand the local context. It is only our inspection teams who will provide the judgement and rating on a practice.

3. Why is CQC publishing GP Insight?

CQC is publishing GP Insight to provide transparency regarding the information inspectors use to monitor practices.

4. My GP practice does not have a published Insight report – why is this?

If your practice does not have a published Insight report, this will be due to one of the following reasons:

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

If you work at a GP practice that does not have a published Insight report and you believe it should, please let us know the name, postcode, the CQC registration number and the ODS code for your practice and we will look into it. Please email enquiries@cqc.org.uk and include 'GPInsight V0' in the subject field.

5. What changes have been made to my practice's published GP Insight report since verification?

During Spring 2017, CQC completed a verification process with GP practices to validate their data. **This process is now closed.** Following feedback, we have revised our report, by updating the following information:

- [Practice list size and demography](#) – updated as at May 2017
- [Staffing data](#) (see file General Practice September 2016 Practice Level.csv) – updated as at September 2016
- [Practice contract type](#) (see file General Practice September 2016 Practice Level.csv) – updated as at September 2016

- CCG name - please note that the CCG name presented on page 3 of the 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.
- CQC ratings – these have been **removed** from the report. The most recently published ratings are available on the CQC website.

6. The data in the contextual information section is out of date; can you change it in my practice's GP Insight report?

The data in the contextual information section of the GP Insight report is only provided for information. This contextual section provides a summary of the practice profile including local population demographics as well as practice staffing information and CCG level information. **The report provides the most up to date published staffing data and other practice profile data available at the time the report was developed.** The staffing data that appears in your report is accurate as published by NHS Digital for **September 2016**.

The information within the contextual section of the report is essentially there to provide a general overview of the size, demography and staffing of the practice.

If you believe the contextual data published for your practice is incorrect, please raise this directly with the relevant data collection body.

7. The contextual information section of the report displays staffing information broken down by 4 staff groups. How is the FTE calculated?

Full Time Equivalent (FTE) is a standardised measure of the workload of an employed person. An FTE of 1.0 means that the hours a person works is equivalent to a full time worker, an FTE of 0.5 signals that the worker is half time. This measure allows for the work of part-time staff to be converted into an equivalent number of full time staff. It is calculated by dividing the total number of hours worked by staff in a specific staff group by 37.5.

The staffing data was extracted from [General and Personal Medical Services, England, September 2016](#) (see file General Practice September 2016 Practice Level.csv), which was the most up-to-date published data source available at the time of analysis from NHS Digital. If you believe the staffing data published for your practice is incorrect, please raise this directly with NHS Digital.

8. What do the terms NS and EST mean under the staffing data?

GP practices that did not submit a September 2016 return for the Workforce Minimum Dataset are recorded by NHS Digital as 'NS' (data not supplied).

'EST' practices are those practices whose data was removed for a particular staff group due to poor data quality and are therefore estimated. These practices feed into CCG level estimates for each staff group, meaning there are no practice level estimates calculated. Please note that for these practices, this means there is insufficient data in order to calculate a sum total of the staffing groups.

If you require any further information, please contact NHS Digital.

9. How is the average payment per weighted patient calculated?

The Average Payment per Weighted Patient = The Total Payments figure divided by the Number of Weighted Patients.

The Total NHS Payments to General Practice is the total of all the payments due to the practice from the NHS Digital GP Payments system called the National Health Applications and Infrastructure Services (NHAIS) system (also known as the 'Exeter' or 'Open Exeter'), and CCG Local Enhanced Service (LES) Payments recorded through the Integrated Single Finance Environment (ISFE), for the provision of GP services.

Please note the CCG average payments have been taken from NHS Digital and reflect the practice to CCG mapping that was correct at the time of data collection. Access to the full dataset is available here: [NHS payments to General Practice 2015-16](#)

This information was added to the Insight report for context. Funding of GP practices is not expressly considered in the assessment of quality of care.

10. How have you derived the CCG averages in my report?

CCG averages in the Insight report are included for context about the practice.

For each GP Insight indicator (excluding MYNHSCIM3 Childhood Immunisations indicator), the CCG average will be based on all practices on the CQC register for which we have both a NHS Organisation Data Services (ODS) Code and that have provided data from the relevant data source for the indicator.

Please note that the CCG name presented on page 3 of the 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.

11. The data published for my practice is incorrect; can you change it in my practice's GP Insight report?

The data we have used in our GP Insight reports is the latest data which was publically available from each data source for the relevant time period, at the time the analysis was undertaken.

For further details of each indicator, please refer to your practice's Insight report and also our 'Indicators and methodology' guidance document on the CQC website. Please note that as a third-party user, CQC is not able to amend data that has been published by another organisation; if you believe that the data published for your practice is incorrect, please raise this directly with the relevant data collection body.

12. Why have you used a composite indicator for childhood immunisations?

The composite childhood immunisations indicator has been included in CQC's GP Insight because it is one of the MyNHS metrics which CQC is using in GP Insight.

The main indicator is a composite score out of 10, based on 4 sub-indicators, which are used together to give an overall view of the subject area. The four sub-indicators are displayed individually, while the combined score out of 10 gives a broad sense of how well a practice is delivering childhood immunisations.

13. The childhood immunisations data looks incorrect for my practice; why is this?

Information on childhood immunisation coverage at ages one, two and five are collected through the NHS England Child Immunisation Practice level Collection for 2015/16, which is collected through Unify from the Child Health Information Systems (CHISs). Please note that these are management information. The term management information describes aggregate information collated and used in the normal course of business to inform operational delivery or the management of organisational performance. The information may be incomplete in places, is not quality assured to the same extent as other official statistics and may not necessarily be fully representative.

CQC is a third party user of childhood immunisation statistics and as such undertakes quality assurance processes based on the published dataset only. **If you have a query relating to immunisation figures then please check this with the local CHIS provider who submitted the data to Unify2. It will not be possible to submit revisions to the 2015/16 management information data; however, practices should work with their local CHIS to ensure the data submitted for 2016/17 is accurate in preparation for the next update of GP Insight.**

We are aware of local coding issues arising when GP practices update CHIS. For example a GP practice may not be using the most recent immunisation codes on their system.

Similarly there are also cases where the local CHIS provider may not be using the most up to date practice NHS Code for data submissions which can lead to differences in figures collected.

Please also note that the data used within the childhood immunisation indicators relate to the practice immunisation coverage standard and is separate from the GP immunisation target payments under the Childhood Immunisation Directed Enhanced Service. These GP payments are not calculated in the same way. As an example, COVER data and NHS England unify data assess each child's status at their 2nd birthday for childhood vaccinations up to age 2, whereas GP payments can be claimed for a vaccine given up to the quarter before the 3rd birthday. Consequently, it is likely that GP payment data will show higher coverage.

As highlighted earlier, if practices have any concerns about the accuracy of the NHS England management information data collection, they are also able to bring alternative information to the notice of inspectors who will consider all information before making an assessment. The full dataset is available online:

<https://www.england.nhs.uk/statistics/statistical-work-areas/child-immunisation/#>

14. What is a 'z-score'?

GP Insight assesses a practice's data against the average for all practices in England. For the majority of indicators, we assess the relative position 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 this average.

A positive z-score indicates that the practice's position 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 an assessment of the quality of care 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 'Indicators and methodology' guidance document on the CQC website.

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

15. The level of variation looks incorrect according to the z-score; why is this?

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 five levels using a set of thresholds for each GP practice: 'Significant variation (negative)', 'Variation (negative)', 'Comparable with other practices', 'Variation (positive)' and 'Significant variation (positive)'. Terms assigned to z-score ranges will differ depending upon the indicator, but generally a z-score of +/- 2 or more means variation; further explanation of this is available in our 'Indicators and methodology' guidance document.

The z-scores in the Insight report have been rounded to one decimal place for ease of presentation only. However, the levels of variation have been determined by z-scores calculated to two decimal places. This means that, for example, a z-score of -1.97 identifies the level of variation as 'Comparable with other practices' (as it is less than - 2); however, this score has been rounded up to -2.0 in the report to show just one decimal place.

16. What does 'Value suppressed' mean in the GP Insight practice report?

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

Practices with denominators equal to or less than 4 have been suppressed.

17. Why does my report say 'data not available'?

We use several data sources within the Insight report. 'Data not available' in the report means that there was no data matched to your practice code (Organisation Data Service code) for the relevant data source and time period.

18. How up to date are the datasets that you are using?

We use the most up-to-date datasets that we can access at the time the analysis was undertaken. The period varies depending on the dataset.

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

19. Why are you using 2015-16 Quality Outcomes Framework (QOF) data?

The data which CQC uses for Quality Outcomes Framework (QOF) indicators in GP Insight is obtained from NHS Digital through the latest published QOF data

return, which is currently for the 2015-16 financial year. Although data for the 2016-17 financial year has been extracted by NHS Digital and placed on the CQRS website, it has not gone through NHS Digital's validation processes and so is not yet published and available to the public. To reduce the risk of using inaccurate data we only utilise QOF data once it has been published and therefore we will not be in a position to use the 2016-17 data until after October 2017.

20. Does GP Insight take information on patient demographics into account?

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

Our contextual section of the GP Insight report will provide some high level local demography as well as key facts relating to the practice. Inspectors will always take into account information about the practice's patient population when making judgements about the service provided.

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

GP Insight helps us to monitor quality of care in practices and identify if and when regulatory intervention is warranted. It is just one aspect of a wider regulatory and inspection approach.

If we have information that people might be at risk of poor care, we don't wait for updated information, but we will take action. If we have concerns that people may be at risk, we will take action. Where it is appropriate and proportionate, we will carry out an immediate inspection outside of our planned programme.

22. What is the relationship between a published rating and GP Insight?

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

23. Will you update the GP Insight reports for practices that have been inspected?

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

24. How did CQC select the indicators?

The Health Foundation recommended that partners across primary care should, where possible, consolidate the range of metrics published about general practice and publish on a single website such as MyNHS on NHS Choices to avoid duplication and confusion. In view of this, CQC has decided to use the same set of indicators as MyNHS in GP Insight. Please note however that the two flu vaccination indicators, which are in the MyNHS publication, are not currently included in GP Insight, because the data are more than two years old. However, we intend to include these indicators in GP Insight in future if more up-to-date data are published.

The MyNHS metrics were developed jointly by a number of organisations, including the Royal College of General Practitioners, the British Medical Association, the Department of Health, NHS England, Public Health England, NHS Digital and CQC, as a small set of indicators that focus on what matters most to the public and profession. They are collected nationally and were subject to broad engagement and robust challenge in their development. This included engagement, consultation and testing the indicator set with stakeholders such as Clinical Commissioning Groups (CCGs), academics, and patient representative groups. While it is often difficult to achieve consensus on indicators, we believe that the chosen indicators measure aspects that have a high impact on people, and that they can alert us to changes in those areas, as part of our ongoing monitoring of practices.

25. What is the difference between MyNHS and the CQC GP Insight report?

MyNHS consists of a set of metrics to provide transparency. GP Insight considers the same metrics, but also presents the relative position of the individual practice against a benchmark, which is the England average. GP Insight is not the same as MyNHS and does not replace it.

We are publishing this report to provide transparency regarding the information used by our inspectors to support monitoring and assessments of quality.

There are differences in CQC's assessment of practices compared to MyNHS.

This is because CQC has applied its own statistical scoring methods to the indicator data values in order to identify practices with variation in the data that warrant further enquiry.

Please note however that the two flu vaccination indicators, which are in the MyNHS publication, are not currently included in GP Insight, because the data are more than two years old. However, we intend to include these indicators in GP Insight in future if more up-to-date data are published.

For further details, see the question 'What is a 'z-score'', and also our 'Indicators and methodology' and 'Statistical Methodology' guidance documents on the CQC website.

26. Which data sources have you used?

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

- Quality and Outcomes Framework (QOF).
- GP Patient Survey (GPPS).
- NHS Business Services Authority (NHS BSA)
- NHS Digital.
- NHS England.
- Public Health England.

For a more detailed explanation of the data sources that we have used to generate these indicators, please refer to the 'Indicators and methodology' guidance on the CQC website.

27. How will practice reconfigurations – for example, mergers – be reflected in GP Insight?

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

28. Some practices within CCGs did not submit data to QOF between April 2015 and March 2016. Has this been reflected in GP Insight?

CQC is aware that some practices were part of a group that participated in local quality schemes during April 2015 to March 2016 where NHS England Local Teams offered a reduction in the level of Quality & Outcomes Framework (QOF) monitoring for this period.

QOF achievement varies from practice to practice and from indicator to indicator. Participation in a local area scheme can lead to a reduced quality in QOF reporting and lower achievement scores. Consequently, practices may show a greater degree of variation when compared with other practices. Any effect that participation in a local scheme has had on the reported QOF data would be explored at inspection and is not accounted for within the GP Insight model where analysis is performed using the published QOF returns.

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

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

29. Will future versions of GP Insight include data from patient comments on NHS Choices, or other qualitative sources?

Qualitative data does not feed directly into GP Insight. However, comments received from the public are shared with our inspection teams as part of their ongoing monitoring and inspection planning. Qualitative data will always be used where appropriate as part of CQC inspections.