

CQC Insight

NHS GP practices

Indicators and methodology

June 2017

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Introduction

The Care Quality Commission (CQC) is developing a new model for monitoring a range of key indicators for NHS GP practices, *GP Insight*.

GP Insight is a set of 11 MyNHS indicators (including 1 composite indicator underpinned by 4 sub indicators) that currently cover three of our five key questions - Effective, Responsive and Caring. The indicators used in GP Insight are already included within the location data packs that can be accessed by our inspectors pre-inspection. This guidance provides the full details for each indicator used in the model.

The GP Insight model brings together national information we hold on practices, to support our decision making. The new model for ongoing monitoring identifies where good care has been maintained or improved, as well as where care has deteriorated. 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

We will use our analysis of these indicators to raise questions, not make judgements, about the quality of care.

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 NHS GP practice:

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

- Comparable with other practices

Or if there is significant negative variation:

- Variation – (negative)
- Significant variation – (negative)

Or if there is significant positive variation:

- Variation (positive)

- Significant variation (positive)

Please note there are two GP Insight indicators which have a different assessment of variation. Indicator GPHLIAP Antibiotic Prescribing, is subject to a specific set of thresholds to take into account significant negative variation at either side of the England mean. Further detail is available within this document under “Descriptions of the indicators”.

The childhood immunisation composite indicator (MYNHSCIM3 Childhood Vaccinations up to Age 2) does not use a ‘z-score’ to determine the five threshold levels. The composite indicator is underpinned by a set of four childhood immunisation sub-indicators. For this indicator, we have allocated a level according to a set of rules based on a national expected coverage of 90%. The rules are explained within this document under “Descriptions of the indicators”.

This guidance details the indicators which are included in GP Insight, and their individual definitions and methodologies. For each indicator we explain:

- how the numerator and denominator have been constructed,
- how we have determined the five threshold levels of ‘Significant variation (negative)’, ‘Variation (negative)’, ‘Comparable with other practices’, ‘Variation (positive)’ and ‘Significant variation (positive)’,
- the time period of the data source, and
- the data source and a ‘notes’ section to detail anything specifically applied to the indicator e.g. suppression rules etc.

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.

Background information on CQC Insight reports

Insight reports have been developed by CQC to inform external stakeholders.

We shared each individual Insight report with the relevant GP practice to allow them to validate the data. This process was completed in Spring 2017 and the published reports were made available on our website. You will be able to see them on the ‘reports’ tab for the practice. You will be able to find the profile for your practice by using the search bar towards the top of that page.

We will consider feedback and engage further with providers, public and other interested groups as we develop our model into 2017.

In respect of GP Insight, it is important to note the context. For this GP Insight 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

Displaying proportions as percentages

All indicators that are based on proportions, using the method described in our statistical guidance document, are ultimately displayed as a percentage. This is to make it easier to read the data values. For example, a proportion of 0.0912 is displayed as a percentage of 9.12%

Suppression rules

All indicators (excluding GP Patient Survey indicators) are subject to suppression for presentational purposes based on the following rule: if a practice's denominator for a given indicator is ≤ 4 , then an '*' or 'data suppressed' text will appear in place for the numerator, denominator and observed value. Where relevant, a z-score will still appear for the practice and the underlying data will contribute towards the national England average.

Descriptions of the indicators

Caring

Indicator ID	GPPS029	
Short Indicator Description	Patient Experience - Confidence and Trust in GP	
Full Indicator Description	The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?"	
Rationale	Service users should be treated with dignity and respect.	
Indicator Construction	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?"
Indicator Type	Percentage	
Indicator Sentiment	Low values are bad	
Assessment of Variation	Significant variation (positive) = z-score less than minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Comparable with other practices = z-score less than 2 but greater than minus 2 Variation (negative) = z-score greater than or equal to 2 but less than 3 Significant variation (negative) = z-score greater than or equal to 3	
Time-period	01/07/2015 to 31/03/2016	
Data Source	GPPS, NHS England	
Data Source Indicator Code	Question 22	
Notes	Practices whose values are suppressed in the published data have been removed from this analysis prior to any analysis of the data taking place. Locations 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	

Effective

Indicator ID	AF007	
Short Indicator Description	Stroke Prevention: Medication for patients with atrial fibrillation	
Full Indicator Description	In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy	
Rationale	In people who have had a stroke, concurrent Atrial Fibrillation (AF) is associated with greater disability, longer stays in hospital and lower rate of discharge home. The incidence of stroke attributable to AF increases from 1.5 per cent at age 50–59 years to 23.5 per cent at age 80–89 years. Many people with AF are asymptomatic and are picked up in general practice opportunistically. They may present with associated medical problems, such as heart failure, stroke or thromboembolism, and AF is detected at the same time. How long the person has had AF, and whether it was the cause or effect of the associated medical problem, may be uncertain. Stroke prevention with appropriate thromboprophylaxis is central to the management of AF.	
Indicator Construction	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
Indicator Type	Percentage	
Indicator Sentiment	Low values are bad	
Assessment of Variation	Significant variation (positive) = z-score less than minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Comparable with other practices = z-score less than 2 but greater than minus 2 Variation (negative) = z-score greater than or equal to 2 but less than 3 Significant variation (negative) = z-score greater than or equal to 3	
Time-period	01/04/2015 to 31/03/2016	
Data Source	QOF, NHS Digital	
Data Source Indicator Code	AF007	
Notes	N/A	

Indicator ID	DEM004	
Short Indicator Description	Dementia - Face to Face Reviews	
Full Indicator Description	The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months	
Rationale	<p>Patients diagnosed with dementia are expected to be offered annual face-to-face appointments specifically to review their diagnosis and/or their care plan or advanced care plan. The practice will agree with the patient and their carer, what is to be covered in the review and the duration of the consultation - where appropriate, extended consultations may take up to 30 minutes. Ideally the first such appointment would be within six months of diagnosis.</p> <p>A series of well-designed cohort and case control studies have demonstrated that patients with Alzheimer-type dementia do not complain of common physical symptoms, but experience them to the same degree as the general population.</p>	
Indicator Construction	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
Indicator Type	Percentage	
Indicator Sentiment	Low values are bad	
Assessment of Variation	<p>Significant variation (positive) = z-score less than minus 3</p> <p>Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3</p> <p>Comparable with other practices = z-score less than 2 but greater than minus 2</p> <p>Variation (negative) = z-score greater than or equal to 2 but less than 3</p> <p>Significant variation (negative) = z-score greater than or equal to 3</p>	
Time-period	01/04/2015 to 31/03/2016	
Data Source	QOF, NHS Digital	
Data Source Indicator Code	DEM004	
Notes	N/A	

Indicator ID	GPHLIAP	
Short Indicator Description	Antibiotic Prescribing	
Full Indicator Description	Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU)	
Rationale	<p>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 overusing antibiotics and prescribing them inappropriately. There is a need to preserve specific antibiotics for the future and discourage their use for common infections. Appropriate prescribing of antibiotics 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.</p> <p>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.</p>	
Indicator Construction	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).
Indicator Type	Ratio of Counts	
Indicator Sentiment	High and low values are bad	
Assessment of Variation	<p>Significant variation (very low prescribing) = z-score less than minus 3</p> <p>Variation (low prescribing) = z-score less than or equal to minus 2 but greater than minus 3</p> <p>Comparable with other practices = z-score less than 2 but greater than minus 2</p> <p>Variation (high prescribing) = z-score greater than or equal to 2 but less than 3</p> <p>Significant variation (very high prescribing) = z-score greater than or equal to 3</p>	
Time-period	01/07/2015 to 30/06/2016	
Data Source	electronic Prescribing Analysis and Costs (ePACT), NHS Business Services Authority	
Data Source Indicator Code	GPHLI_036	

Notes	<p>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-PU's, instead of the number of patients, as the basis for 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.</p> <p>Practices have been excluded from analysis if they have at least one quarter of missing data. The numerator is based on the sum of the 4 quarters of data. The denominator is based on the latest quarter within the time period of the numerator.</p>
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Indicator ID	HYP006	
Short Indicator Description	High Blood Pressure Management	
Full Indicator Description	The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 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 cardiovascular disease 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 12 months is 150/90mmHg or less	Denominator: Total number of patients with hypertension
Indicator Type	Percentage	
Indicator Sentiment	Low values are bad	
Assessment of Variation	Significant variation (positive) = z-score less than minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Comparable with other practices = z-score less than 2 but greater than minus 2 Variation (negative) = z-score greater than or equal to 2 but less than 3 Significant variation (negative) = z-score greater than or equal to 3	
Time-period	01/04/2015 to 31/03/2016	
Data Source	QOF, NHS Digital	
Data Source Indicator Code	HYP006	
Notes	N/A	

Indicator ID	MYNHSCAN3	
Short Indicator Description	Cancer detection rate	
Full Indicator Description	Percentage of new cancer cases (among patients registered at the practice) who were referred using the urgent two week wait referral pathway	
Rationale	For people with cancer an early diagnosis can be the difference between life and death. Poor rates of early diagnosis are widely accepted to be the main reason the UK lags behind its peers when comparing cancer survival rates. Of the 290,000 cases of cancer diagnosed in the UK each year, most will come via symptomatic presentation to primary care. Within an average year, a GP can expect to see one case of each of the four common cancers: breast, lung, colorectal and prostate. 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.	
Indicator Construction	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
Indicator Type	Ratio of counts	
Indicator Sentiment	Low values are bad	
Assessment of Variation	Significant variation (positive) = z-score less than minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Comparable with other practices = z-score less than 2 but greater than minus 2 Variation (negative) = z-score greater than or equal to 2 but less than 3 Significant variation (negative) = z-score greater than or equal to 3	
Time-period	01/04/2014 to 31/03/2015	
Data Source	GP Practice Profile, Public Health England	
Data Source Indicator Code	N/A	
Notes	The definition of this indicator highlights that the patient group in the numerator and the denominator are not identical. One is defined by period of referral and the other by period of first treatment. Persons referred/treated at the start or end of the year may feature in one but not the other. For small practices this can sometimes (rarely) result in apparent conversion rates of more than 100%.	

	No standardisation (an adjustment made to the data to account for differences in the population between GP practices) or modification is applied to the source data. Please note that practices with ≤ 4 in the denominator will be suppressed.
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Indicator ID	MYNHSCIM3	
Short Indicator Description	Childhood Vaccinations up to Age 2	
Full Indicator Description	Composite indicator representing completion by the practice against four sets of immunisations recommended for children up to 2 years of age	
Rationale	<p>Current World Health Organisation (WHO) immunisation recommends that to achieve herd immunity (i.e. to provide protection against disease transmission across the population) at least 95% of children should receive three primary doses of diphtheria, tetanus, polio and pertussis in the first year of life and a first dose of measles, mumps and rubella containing vaccine by 2 years of age. This applies at national level; at local (e.g. practice) level, the standard is for 90% of children to receive the vaccination.</p> <p>Immunisation is the single most cost-effective intervention for improving public health of the population. Higher values are better but it is generally understood achieving high uptake rates are 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.</p>	
Indicator Construction	<p>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)</p>	<p>Denominator: Maximum immunisation for all 4 sub indicators (400)</p>

	Sub-indicator 4 of 4: The percentage of children aged 2 who have completed immunisation for measles, mumps and rubella (one dose of MMR)	
Indicator Type	Score between 0 to 10	
Indicator Sentiment	Low values are bad	
Assessment of Variation	<p>Significant variation (positive) = 4/4 sub-indicators 95% or above</p> <p>Variation (positive) = 4/4 sub-indicators achieving 90% and at least one 95% or above</p> <p>In line with national standard = 4/4 sub-indicators achieving 90% and below 95%</p> <p>Variation (negative) = Only 1, 2 or 3 sub indicators achieving 90% coverage</p> <p>Significant variation (negative) = No sub indicator achieving 90% coverage</p>	
Time-period	01/04/2015 to 31/03/2016	
Data Source	NHS England experimental statistics, NHS England	
Data Source Indicator Code	N/A	
Notes	<p>This is a comparative value between 0 and 10 representing completion by the practice against four sets of immunisations recommended for children up to 2 years of age. 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. Please note these are experimental statistics.</p>	

Indicator ID	MYNHSCIMA	
Short Indicator Description	Percentage of children aged 1 with full course of recommended vaccines	
Full Indicator Description	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)	
Rationale	The World Health Organisation (WHO) recommends a rate of 95% for all routine childhood vaccinations and whilst organisation should strive to reach this level, the current nationally expected level of achievement is 90%. Practices should aim to deliver the nationally expected threshold of 90%. Those practices achieving this level will be considered as performing for this indicator and are an example of good practice.	
Indicator Construction	Numerator: Number 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)	Denominator: The number of children aged 1
Indicator Type	Percentage	
Indicator Sentiment	Low values are bad	
Assessment of Variation	Not z-scored	
Time-period	01/04/2015 to 31/03/2016	
Data Source	NHS England experimental statistics, NHS England	
Data Source Indicator Code	N/A	
Notes	This is one of 4 sub-indicators which contributes to the overall composite indicator for 'Childhood Vaccinations up to Age 2'. Please refer to the composite indicator to see how the component indicators determine the overall performance at composite indicator level.	

Indicator ID	MYNHSCIMB	
Short Indicator Description	Percentage of children aged 2 with pneumococcal conjugate booster vaccine	
Full Indicator Description	The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster)	
Rationale	The World Health Organisation (WHO) recommends a rate of 95% for all routine childhood vaccinations and whilst organisation should strive to reach this level, the current nationally expected level of achievement is 90%. Practices should aim to deliver the nationally expected threshold of 90%. Those practices achieving this level will be considered as performing for this indicator and are an example of good practice.	
Indicator Construction	Numerator: Number of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster)	Denominator: The number of children aged 2
Indicator Type	Percentage	
Indicator Sentiment	Low values are bad	
Assessment of Variation	Not z-scored	
Time-period	01/04/2015 to 31/03/2016	
Data Source	NHS England experimental statistics, NHS England	
Data Source Indicator Code	N/A	
Notes	This is one of 4 sub-indicators which contributes to the overall composite indicator for 'Childhood Vaccinations up to Age 2'. Please refer to the composite indicator to see how the component indicators determine the overall performance at composite indicator level.	

Indicator ID	MYNHSCIMC	
Short Indicator Description	Percentage of children aged 2 with Haemophilus influenzae type b and Meningitis C booster vaccine	
Full Indicator Description	The percentage of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster)	
Rationale	The World Health Organisation (WHO) recommends a rate of 95% for all routine childhood vaccinations and whilst organisation should strive to reach this level, the current nationally expected level of achievement is 90%. Practices should aim to deliver the nationally expected threshold of 90%. Those practices achieving this level will be considered as performing for this indicator and are an example of good practice.	
Indicator Construction	Numerator: Number of children aged 2 who have received their immunisation for Haemophilus influenzae type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster)	Denominator: The number of children aged 2
Indicator Type	Percentage	
Indicator Sentiment	Low values are bad	
Assessment of Variation	Not z-scored	
Time-period	01/04/2015 to 31/03/2016	
Data Source	NHS England experimental statistics, NHS England	
Data Source Indicator Code	N/A	
Notes	This is one of 4 sub-indicators which contributes to the overall composite indicator for 'Childhood Vaccinations up to Age 2'. Please refer to the composite indicator to see how the component indicators determine the overall performance at composite indicator level.	

Indicator ID	MYNHSCIMD	
Short Indicator Description	Percentage of children aged 2 with Measles, Mumps and Rubella vaccine	
Full Indicator Description	The percentage of children aged 2 who have completed immunisation for measles, mumps and rubella (one dose of MMR)	
Rationale	The World Health Organisation (WHO) recommends a rate of 95% for all routine childhood vaccinations and whilst organisation should strive to reach this level, the current nationally expected level of achievement is 90%. Practices should aim to deliver the nationally expected threshold of 90%. Those practices achieving this level will be considered as performing for this indicator and are an example of good practice.	
Indicator Construction	Numerator: Number of children aged 2 who have completed immunisation for measles, mumps and rubella (one dose of MMR)	Denominator: The number of children aged 2
Indicator Type	Percentage	
Indicator Sentiment	Low values are bad	
Assessment of Variation	Not z-scored	
Time-period	01/04/2015 to 31/03/2016	
Data Source	NHS England experimental statistics, NHS England	
Data Source Indicator Code	N/A	
Notes	This is one of 4 sub-indicators which contributes to the overall composite indicator for 'Childhood Vaccinations up to Age 2'. Please refer to the composite indicator to see how the component indicators determine the overall performance at composite indicator level.	

Indicator ID	QOFGP102	
Short Indicator Description	Diabetes - Managing Blood Glucose Level (HbA1c)	
Full 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: Total number of patients on the diabetes register.
Indicator Type	Percentage	
Indicator Sentiment	Low values are bad	
Assessment of Variation	Significant variation (positive) = z-score less than minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Comparable with other practices = z-score less than 2 but greater than minus 2 Variation (negative) = z-score greater than or equal to 2 but less than 3 Significant variation (negative) = z-score greater than or equal to 3	
Time-period	01/04/2015 to 31/03/2016	
Data Source	QOF, NHS Digital	
Data Source Indicator Code	DM008	
Notes	N/A	

Indicator ID	QOFGP110	
Short Indicator Description	Mental Health – Comprehensive Care Planning	
Full 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 (http://guidance.nice.org.uk/CG82/NICEGuidance/pdf/English). 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. Up to half of patients who have a serious mental illness are seen only in a primary care setting. For these patients, it is important that the primary care team takes responsibility for discussing and documenting a care plan in their primary care record.	
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	Percentage	
Indicator Sentiment	Low values are bad	
Assessment of Variation	Significant variation (positive) = z-score less than minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Comparable with other practices = z-score less than 2 but greater than minus 2 Variation (negative) = z-score greater than or equal to 2 but less than 3 Significant variation (negative) = z-score greater than or equal to 3	
Time-period	01/04/2015 to 31/03/2016	
Data Source	QOF, NHS Digital	
Data Source Indicator Code	MH002	
Notes	Extended indicator 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	QOFGP182	
Short Indicator Description	Cervical Cancer Screening	
Full Indicator Description	The percentage of women aged 25-64 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 screening test within the preceding 5 years.	Denominator: Total number of females aged 25-64
Indicator Type	Percentage	
Indicator Sentiment	Low values are bad	
Assessment of Variation	<p>Significant variation (positive) = z-score less than minus 3</p> <p>Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3</p> <p>Comparable with other practices = z-score less than 2 but greater than minus 2</p> <p>Variation (negative) = z-score greater than or equal to 2 but less than 3</p> <p>Significant variation (negative) = z-score greater than or equal to 3</p>	
Time-period	01/04/2015 to 31/03/2016	
Data Source	QOF, NHS Digital	
Data Source Indicator Code	CS002	
Notes	<p>Extended Indicator Description:</p> <p>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.</p>	

Responsive

Indicator ID	GPPS030	
Short Indicator Description	Patient Satisfaction with GP Practice Opening Times	
Full Indicator Description	The percentage of respondents to the GP patient survey who were 'very satisfied' or 'fairly satisfied' with their GP practice's opening hours	
Rationale	Service users should be able to access care and treatment promptly.	
Indicator Construction	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?"
Indicator Type	Percentage	
Indicator Sentiment	Low values are bad	
Assessment of Variation	Significant variation (positive) = z-score less than minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Comparable with other practices = z-score less than 2 but greater than minus 2 Variation (negative) = z-score greater than or equal to 2 but less than 3 Significant variation (negative) = z-score greater than or equal to 3	
Time-period	01/07/2015 to 31/03/2016	
Data Source	GPPS, NHS England	
Data Source Indicator Code	Question 25	
Notes	Practices whose values are suppressed in the published data have been removed from this analysis prior to any analysis of the data taking place. Locations 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	

List of data providers

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.

NHS Digital, the national provider of information, data and IT systems for health and social care.

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.

Public Health England, an executive agency of the Department of Health, and a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS.

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.