Care Quality Commission

CQC Insight

NHS GP practices
Indicators and methodology

December 2019

Contents

Introduction

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

GP Insight is a set of 33 indicators that currently cover four of our five key questions – Caring, Effective, Responsive, and Safe. The indicators used in GP Insight are available within the supporting information packs that can be accessed by our inspection teams pre-inspection and are also included within the evidence tables in the appendices of our inspection reports. This guidance provides the full details for each indicator used in the Insight model.

The GP Insight model brings together nationally available data for practices to support our decision making. 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.

The indicators contained within the evidence tables do not constitute a judgement on performance. It is part of the local picture given to inspection teams that allows them to identify and monitor changes in the quality of care outside inspections in order to support our decision making.

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a z-score, which gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

Understanding our variation bands

The indicators use a seven-point scale and z-score thresholds to highlight the relative performance of practices for all indicators that are applicable to the practice:

	Variation Bands	Z-score threshold
1	Significant variation (positive)	≤-3
2	Variation (positive)	>-3 and ≤-2
3	Tending towards variation (positive)	>-2 and ≤-1.5
4	No statistical variation	<1.5 and >-1.5
5	Tending towards variation (negative)	≥1.5 and <2
6	Variation (negative)	≥2 and <3
7	Significant variation (negative)	≥3
8	No data	Null

All of the indicators in Insight are allocated the variation bands and thresholds listed in the table above, except for the four Childhood Immunisation indicators (MYNHSCIMA,B,C,D), the Palliative Case Review indicator (PC002),Ease of Getting Through to GP Practice indicator (GPPS01), and Cervical screening indicator (NHSDCCSC) which differ in language and/or threshold bands. Details of these differences are included below.

Childhood immunisation indicators

GP Insight uses the following four childhood immunisation indicators: MYNHSCIMA, MYNHSCIMB, MYNHSCIMC and MYNHSCIMD.

These childhood immunisation indicators do not use a 'z-score' to determine the threshold levels. For these indicators, we have allocated a level according to a set of rules based on the World Health Organisation (WHO) standard of 95% and national minimum target of 90%.

Variation Bands	Uptake Range Rules
Met 95% WHO based target	≥ 95%
Met 90% minimum	≥ 90% to < 95%
Below 90% minimum	≥80% to < 90%
Below 80% uptake	<80% uptake
No data	Null

Palliative case review indicator (PC002)

PC002 is a categorical indicator, meaning that a 'yes' or 'no' response will be displayed.

The QOF monitors occurrence of the multi-disciplinary meetings. The aims of these meetings include ensuring all aspects of the patient's care have been considered; improving communication within the team and with other organisations and co-ordinating each patient's management plan.

Ease of getting through to GP practice (GPPS01)

GPPS01 uses a rules-based scoring method based upon a percentage points variance in the practice value from the England average. The scoring thresholds are detailed in the table below:

Variation Bands	Rules
Significant variation (positive)	Practice value is equals to or greater than 25 percentage points above the England average
Variation (positive)	Practice value is greater than 20 percentage points and less than 25 percentage points above the England average
No statistical variation	Practice value is equals to or less than 20 percentage points above or below the England average
Variation (negative)	Practice value is greater than 20 percentage points and less than 25 percentage points below the England average
Significant variation (negative)	Practice value is equals to or greater than 25 percentage points below the England average

Cervical Cancer Screening (NHSDCCSC)

NHSDCCSC uses a rules-based scoring method based upon a percentage point variance in the practice value from the 80% England coverage target. The scoring thresholds are detailed in the table below:

Variation Bands	Rules
Met 80% target	Practice value is equals to or greater than 80 percentage points above the England target
Below 80% target	Practice value is equal to or greater than 70 percentage points and less than 80 percentage points below the England target
Below 70% uptake	Practice value is below 70 percentage points below the England target

Purpose

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 seven threshold levels of 'Significant variation (negative)', 'Variation (negative)', 'Tending towards variation (negative)', 'No statistical variation', 'Tending towards variation (positive)', 'Variation (positive)' and 'Significant variation (positive)'; and
- the data source and a 'notes' section to detail anything specifically applied to the indicator e.g. suppression rules etc.

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%.

Descriptions of the indicators

Caring

Indicator ID	GPPS26ii
Short Indicator Description	**Healthcare professional listening to patients**
Full Indicator description	The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them
Rationale	Service users should be treated with dignity and respect.

Indicator construction	Numerator: Total responses who answered "Very good" or "Good" to Question 26 part ii "Last time you had a general practice appointment, how good was the healthcare professional at listening to you?"	Denominator: Total responses to Question 26 part ii "Last time you had a general practice appointment, how good was the healthcare professional at listening to you?" excluding those that answered "Doesn't apply"

Indicator type	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	GPPS, NHS England
Data Source Indicator Code	Question 26
Notes	Practices whose values are suppressed in the published data have been removed prior to any analysis of the data taking place. Locations that have denominators below the value of 10 are not included in any analysis of 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 weighting of the data can be found at https://www.gp-patient.co.uk/weighted-data

This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance" documentation, but has been displayed as a percentage within CQC products to aid interpretation. |
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| | |

Indicator ID	GPPS26iii
Short Indicator Description	**Healthcare professional treating patients with care and concern**
Full Indicator description	The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional 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" or "Good" to Question 26 part iii "Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?"	**Denominator:** Total responses to Question 26 part iii "Last time you had a general practice appointment, how good was the healthcare professional at treating you with care and concern?" excluding those that answered "Doesn't apply"

Indicator type	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	GPPS, NHS England
Data Source Indicator Code	Question 26
Notes	Practices whose values are suppressed in the published data have been removed prior to any analysis of the data taking place. Locations that have denominators below the value of 10 are not included in any analysis of 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 weighting of the data can be found at https://www.gp-patient.co.uk/weighted-data This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance"

	documentation, but has been displayed as a percentage within CQC products to aid interpretation.

Indicator ID	GPPS28
Short Indicator Description	**Being involved in decisions about care and treatment**
Full Indicator description	The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment
Rationale	Service users should be involved in and informed of the care and treatment they receive.

Indicator construction	Numerator: Total responses who answered "Yes, definitely" or "Yes, to some extent" to Question 28 "During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?"	Denominator: Total responses to Question 28 "During your last general practice appointment, were you involved as much as you wanted to be in decisions about your care and treatment?" excluding those that answered "Don't know/ doesn't apply"

Indicator type	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	GPPS, NHS England
Data Source Indicator Code	Question 28
Notes	Practices whose values are suppressed in the published data have been removed prior to any analysis of the data taking place. Locations that have denominators below the value of 10 are not included in any analysis of 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 weighting of the data can be found at https://www.gp-patient.co.uk/weighted-data This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance"

	documentation, but has been displayed as a percentage within CQC products to aid interpretation.

Indicator ID	GPPS29	
Short Indicator Description	**Confidence and trust in healthcare professional**	
Full Indicator description	The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to	
Rationale	Service users should be treated with dignity and respect.	
Indicator construction	Numerator: Total responses who answered "Yes, definitely" or "Yes, to some extent" to Question 29 "During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?"	Denominator: Total responses to Question 29 "During your last general practice appointment, did you have confidence and trust in the healthcare professional you saw or spoke to?" excluding those that answered "Don't know/ can't say"
Indicator type	Proportions	
Indicator Sentiment	Low values are bad	
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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	
Data Source	GPPS, NHS England	
Data Source Indicator Code	Question 29	
Notes	Practices whose values are suppressed in the published data have been removed prior to any analysis of the data taking place. Locations that have denominators below the value of 10 are not included in any analysis of 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 weighting of the data can be found at https://www.gp-patient.co.uk/weighted-data This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance"	

	documentation, but has been displayed as a percentage within CQC products to aid interpretation.

Indicator ID	GPPS31
Short Indicator Description	**Positive experience of GP practice**
Full Indicator description	The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice
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" or "Fairly Good" to Question 31 "Overall, how would you describe your experience of your GP practice?"	**Denominator:** Total responses to Question 31 "Overall, how would you describe your experience of your GP practice?"
Indicator type	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	GPPS, NHS England
Data Source Indicator Code	Question 31
Notes	Practices whose values are suppressed in the published data have been removed prior to any analysis of the data taking place. Locations that have denominators below the value of 10 are not included in any analysis of 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 weighting of the data can be found at https://www.gp-patient.co.uk/weighted-data This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance" documentation, but has been displayed as a percentage within CQC products to aid interpretation.

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 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	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	QOF, NHS Digital
Data Source Indicator Code	AF007
Notes	This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance"

	documentation, but has been displayed as a percentage within CQC products to aid interpretation.

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	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 cover ed 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. 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.

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	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	QOF, NHS Digital
Data Source Indicator Code	DEM004
Notes	This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance" documentation, but has been displayed as a percentage within CQC products to aid interpretation.

Indicator ID	GPHLIHP
Short Indicator Description	**Hypnotic prescribing**
Full 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 (based on the latest quarter within the time period of the numerator).

Indicator type	Ratio of Counts
Indicator Sentiment	High values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	ePACT, NHS Business Services Authority
Data Source Indicator Code	GPHLI_041
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 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. Quarterly data was aggregated when constructing this indicator. Practices have been excluded from GP Insight analysis if they have at least one quarter with missing data.

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	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	QOF, NHS Digital
Data Source Indicator Code	HYP006
Notes	This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance" documentation, but has been displayed as a percentage within CQC products to aid interpretation.

Indicator ID	MYNHSCAN3
Short Indicator Description	**Cancer detection rate**
Full Indicator description	Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral)
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 canc er 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 or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	GP Practice Profile, Public Health England
Data Source Indicator Code	439 GPMET_10
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 or less in the denominator will be suppressed.

Indicator ID	MYNHSCIMA
Short Indicator Description	**Percentage of children aged 1 with full course of recommended vaccines**
Full Indicator description	Percentage of children aged 1 with completed primary course of 6:1 vaccine.
Rationale	The World Health Organisation (WHO) recommends a rate of 95% for all routine childhood vaccinations. 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), Hepatitis B (HepB) (i.e. three doses of DTaP/IPV/Hib/HepB)	**Denominator:** The number of eligible children
Indicator type	Proportion
Indicator Sentiment	Low values are bad
Assessment of Variation	Not z-scored Rules based approach Below 80% uptake: < 80% uptake Below 90% minimum: ≥80% to < 90% Met 90% minimum: ≥ 90% to < 95% Met 95% WHO based target: ≥ 95%
Data Source	NHS England
Data Source Indicator Code	431 GPMET06.1
Notes	This indicator is constructed as a proportion but has been displayed as a percentage within CQC products to aid interpretation. Please note the vaccine changed to 6:1 vaccine (with the inclusion of Hepatitis B vaccine) in Autumn 2017. The change in vaccine will only be reflected in the indicator from 2018/19 onwards. The data for years prior to and including 2017/18 will relate to the 5:1 vaccine. The suppression range on denominators have also changed. Indicators relating to time periods **before** 2018/19 are subject to suppression rules of less or equal to 5. Indicator relating to time periods 2019/19 onwards are subject to new suppression rules of less than or equal to 2. Where the denominator is >2 and the number of children vaccinated is 0 or 1 the number of children vaccinated, and the coverage will be suppressed. This is a new addition for 2018/19 data. The "NHS England Child Immunisation at Practice level out turn 2018/19" data also advises that where the denominator is <20, any percentage

	derived from that figure, particularly for comparison across periods, may not be statistically robust as it is the by-product of a small number.

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. 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 eligible children

Indicator type	Proportion
Indicator Sentiment	Low values are bad
Assessment of Variation	Not z-scored Rules based approach Below 80% uptake: < 80% uptake Below 90% minimum: ≥80% to < 90% Met 90% minimum: ≥ 90% to < 95% Met 95% WHO based target: ≥ 95%
Data Source	NHS England, NHS England experimental statistics
Data Source Indicator Code	431 GPMET06.2
Notes	This indicator has constructed as a proportion but has been displayed as a percentage within CQC products to aid interpretation. The suppression range on denominators have also changed. Indicators relating to time periods **before** 2018/19 are subject to suppression rules of less or equal to 5. Indicator relating to time periods 2019/19 onwards are subject to new suppression rules of less than or equal to 2. Where the denominator is >2 and the number of children vaccinated is 0 or 1 the number of children vaccinated, and the coverage will be suppressed. This is a new addition for 2018/19 data. The "NHS England Child Immunisation at Practice level out turn 2018/19" data also advises that where the denominator is <20, any percentage derived from that figure, particularly for comparison across periods, may not be statistically robust as it is the by-product of a small number.

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 influenza 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. 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 influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster)	**Denominator:** The number of eligible children
Indicator type	Proportion
Indicator Sentiment	Low values are bad
Assessment of Variation	Not z-scored Rules based approach Below 80% uptake: < 80% uptake Below 90% minimum: ≥80% to < 90% Met 90% minimum: ≥ 90% to < 95% Met 95% WHO based target: ≥ 95%
Data Source	NHS England, NHS England experimental statistics
Data Source Indicator Code	431 GPMET06.3
Notes	This indicator has constructed as a proportion but has been displayed as a percentage within CQC products to aid interpretation. The suppression range on denominators have also changed. Indicators relating to time periods **before** 2018/19 are subject to suppression rules of less or equal to 5. Indicator relating to time periods 2019/19 onwards are subject to new suppression rules of less than or equal to 2. Where the denominator is >2 and the number of children vaccinated is 0 or 1 the number of children vaccinated, and the coverage will be suppressed. This is a new addition for 2018/19 data. The "NHS England Child Immunisation at Practice level out turn 2018/19" data also advises that where the denominator is <20, any percentage derived from that figure, particularly for comparison across periods, may not be statistically robust as it is the by-product of a small number.

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 received immunisation for measles, mumps and rubella (first dose of MMR)
Rationale	The World Health Organisation (WHO) recommends a rate of 95% for all routine childhood vaccinations. 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 immunisation for measles, mumps and rubella (first dose of MMR)	Denominator: The number of eligible children
Indicator type	Proportion
Indicator Sentiment	Low values are bad
Assessment of Variation	Not z-scored Rules based approach Below 80% uptake: < 80% uptake Below 90% minimum: ≥80% to < 90% Met 90% minimum: ≥ 90% to < 95% Met 95% WHO based target: ≥ 95%
Data Source	NHS England, NHS England experimental statistics
Data Source Indicator Code	431 GPMET06.4
Notes	This indicator has constructed as a proportion but has been displayed as a percentage within CQC products to aid interpretation. The suppression range on denominators have also changed. Indicators relating to time periods **before** 2018/19 are subject to suppression rules of less or equal to 5. Indicator relating to time periods 2019/19 onwards are subject to new suppression rules of less than or equal to 2. Where the denominator is >2 and the number of children vaccinated is 0 or 1 the number of children vaccinated, and the coverage will be suppressed. This is a new addition for 2018/19 data. The "NHS England Child Immunisation at Practice level out turn 2018/19" data also advises that where the denominator is <20, any percentage derived from that figure, particularly for comparison across periods, may not be statistically robust as it is the by-product of a small number.

Indicator ID	NHSDCCSC
Short Indicator Description	**Cervical Cancer Screening**
Full Indicator description	The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64
Rationale	Women aged 25-49 are invited for routine screening every 3 years and women aged 50-64 are invited for routine screening every 5 years. This indicator gives a combined coverage for the full age range so that it counts women aged 25-49 screened within a period of 3.5 years and women aged 50-64 within a period of 5.5 years prior to the report date and combines the counts to give the final measure. This indicator would therefore provide insight into the variation of GP practices offering and carrying out these routine screenings. 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:** The number of eligible women with an adequate cervical screening test in the last 3.5 years (women aged 25-49) and 5.5 years (for women aged 50-64)	**Denominator:** The number of women eligible for screening in the age groups 25-49 and 50-64
Indicator type	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Met 80% target (≥80%) Below 80% target (70% to < 80%) Below 70% uptake (<70%)
Data Source	NHS Digital
Data Source Indicator Code	-
Notes	Women aged 25-49 are invited for routine screening every 3.5 years and women aged 50-64 are invited for routine screening every 5.5 years. This indicator gives a combined coverage for the full age range so that it counts women aged 25-49 screened within a period of 3.5 years and women aged 50-64 within a period of 5.5 years prior to the report date and combines the counts to give the final measure. Data suppression: At GP Practice level, any counts of women eligible or screened with values lower than 6 are suppressed. In cases where either number is suppressed, subsequent values for the same organisation, time period and age group are also suppressed (e.g. coverage etc.). Secondary suppression is also carried out. This means when only one GP Practice within a CCG has small numbers (<6), a second GP practice also

	has data suppressed (even though its counts may be greater than 5). This prevents calculation of a single GP Practice's values by subtraction from the CCG total.

Indicator ID	DM008
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	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	QOF, NHS Digital
Data Source Indicator Code	DM008
Notes	This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance" documentation, but has been displayed as a percentage within CQC products to aid interpretation.

Indicator ID	DM003
Short Indicator Description	**Diabetes - Blood Pressure Reading**
Full 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 (www.nice.org.uk/CG87)

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 on the diabetes register.

Indicator type	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	QOF, NHS Digital
Data Source Indicator Code	DM003
Notes	This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance" documentation, but has been displayed as a percentage within CQC products to aid interpretation.

Indicator ID	MH002
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 https://www.nice.org.uk/guidance/cg178. 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	Proportions	
Indicator Sentiment	Low values are bad	
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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	
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 This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance" documentation, but has been displayed as a percentage within CQC products to aid interpretation.	

Indicator ID	MH007
Short Indicator Description	**Mental Health - Alcohol Consumption**
Full Indicator description	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded 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 whose alcohol consumption has been recorded in the preceding 12 months	**Denominator:** Total number of patients with schizophrenia, bipolar affective disorder and other psychoses

Indicator type	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	QOF, NHS Digital
Data Source Indicator Code	MH007
Notes	This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance" documentation, but has been displayed as a percentage within CQC products to aid interpretation.

Indicator ID	SMOK002
Short Indicator Description	**Smoking Status**
Full 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 Peripheral Artery Disease (PAD), may be associated with a greater risk of stroke or Transient Ischemic Attack (TIA), relates to cardiovascular and pulmonary diseases, heightens risk of complications for patients with diabetes, contributes to Chronic Obstructive Pulmonary Disease (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	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	QOF, NHS Digital
Data Source Indicator Code	SMOK002
Notes	Extended Indicator description: The percentage of patients with any or any combination of the following conditions: Coronary Heart Disease (CHD), Peripheral Artery Disease (PAD), stroke or Transient Ischemic Attack (TIA), hypertension, diabetes, Chronic Obstructive Pulmonary Disease (COPD), Chronic Kidney Disease (CKD), asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the previous 12 months This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance"

	documentation, but has been displayed as a percentage within CQC products to aid interpretation.

Indicator ID	AST003
Short Indicator Description	**Asthma Review**
Full Indicator description	The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions.
Rationale	This indicator has been developed to measure the effectiveness of the provision of a clinical care component for patients with asthma. The aspect that is being measured is that relating to carrying out (at the same time) a review that includes an assessment using the 3 RCP questions. A structured review can improve clinical outcomes for people with asthma. Benefits associated with structured review may include reduced absence from school or work, reduced exacerbation rate, improved symptom control and reduced attendance in accident and emergency departments.

Indicator construction	**Numerator:** Number of patients that have had a review in the preceding 12 months.	**Denominator:** Total number of Asthma patients on the register.

Indicator type	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	QOF, NHS Digital
Data Source Indicator Code	AST003
Notes	Extended Indicator Description: The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance" documentation, but has been displayed as a percentage within CQC products to aid interpretation.

Indicator ID	COPD003	
Short Indicator Description	**COPD Review**	
Full Indicator description	The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months	
Rationale	The MRC dyspnoea scale gives a measure of breathlessness and is recommended as part of the regular review.	
Indicator construction	**Numerator:** Number of patients that have had a review in the preceding 12 months.	**Denominator:** Total number of COPD patients on the register.
Indicator type	Proportions	
Indicator Sentiment	Low values are bad	
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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	
Data Source	QOF, NHS Digital	
Data Source Indicator Code	COPD003	
Notes	Extended Indicator Description: The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance" documentation, but has been displayed as a percentage within CQC products to aid interpretation.	

Indicator ID	DM004
Short Indicator Description	**Diabetes - Cholesterol**
Full 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	It is advised that statin therapy to reduce cholesterol is initiated and titrated as necessary to reduce total cholesterol to less than 5 mmol/l. There is ongoing debate concerning the intervention levels of serum cholesterol in diabetic patients who do not apparently have CVD. The NICE clinical guideline (http://www.nice.org.uk/CG87) on type 2 diabetes - newer agents recommends initiating lipid lowering therapy in all patients with type 2 diabetes aged over 40 and for patients aged 39 or under recommends initiating drug therapy in patients with type 2 diabetes who have a poor cardiovascular risk factor profile.

Indicator construction	**Numerator:** Number of patients on 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	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	QOF, NHS Digital
Data Source Indicator Code	DM004
Notes	This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance" documentation, but has been displayed as a percentage within CQC products to aid interpretation.

Indicator ID	PC002
Short Indicator Description	**Palliative Care Case Review**
Full 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 each patient's management plan.
Indicator construction	Numerator: Where zero QOF points have been awarded, a 'No' category has been assigned for GP insight, and where full points have been awarded, the practice has been assigned to the 'Yes' category.	Denominator: N/A
Indicator type	Categorical
Indicator Sentiment	Low values are bad
Assessment of Variation	Not z-scored due to categorical nature of the indicator.
Data Source	QOF, NHS Digital
Data Source Indicator Code	PC002
Notes	None

Responsive

Indicator ID	GPPS01
Short Indicator Description	**Ease of getting through to GP practice**
Full Indicator description	The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone
Rationale	Service users should be able to access care and treatment promptly.

Indicator construction	**Numerator:** Total responses who answered "Very easy" or "Fairly easy" to Question 1 "Generally, how easy is it to get through to someone at your GP practice on the phone?"	**Denominator:** Total responses to Question 1 "Generally, how easy is it to get through to someone at your GP practice on the phone?" excluding "Haven't tried"

Indicator type	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Not z-scored Rules based approach Significant variation (positive) = Practice value ≥ 25 percentage points above the England average Variation (positive) = Practice value > 20 percentage points and < 25 percentage points above the England average No statistical variation = Practice value ≤ 20 percentage points above or below the England average Variation (negative) = Practice value > 20 percentage points and < 25 percentage points below the England average Significant variation (negative) = Practice value ≥ 25 percentage points below the England average
Data Source	GPPS, NHS England
Data Source Indicator Code	Question 1
Notes	Practices whose values are suppressed in the published data have been removed prior to any analysis of the data taking place. Locations that have denominators below the value of 10 are not included in any analysis of 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 weighting of the data can be found at https://www.gp-patient.co.uk/weighted-data

Indicator ID	GPPS08
Short Indicator Description	**Patient satisfaction with GP practice appointment times**
Full Indicator description	The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times
Rationale	Service users should be able to access care and treatment promptly

Indicator construction	**Numerator:** Total responses who answered "Very satisfied" or "Fairly satisfied" to Question 8 "How satisfied are you with the general practice appointment times that are available to you?"	**Denominator:** Total responses to Question 8 "How satisfied are you with the general practice appointment times that are available to you?" excluding "I'm not sure when I can get an appointment"

Indicator type	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	GPPS, NHS England
Data Source Indicator Code	Question 8
Notes	Practices whose values are suppressed in the published data have been removed prior to any analysis of the data taking place. Locations that have denominators below the value of 10 are not included in any analysis of 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 weighting of the data can be found at https://www.gp-patient.co.uk/weighted-data This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance" documentation, but has been displayed as a percentage within CQC products to aid interpretation.

Indicator ID	GPPS17
Short Indicator Description	**Satisfaction with type of appointment offered**
Full Indicator description	The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered
Rationale	Service users should be able to access care and treatment promptly

Indicator construction	Numerator: Total responses who answered "Yes, and I accepted an appointment" to Question 17 "Were you satisfied with the type of appointment (or appointments) you were offered?"	Denominator: Total responses to Question 17 "Were you satisfied with the type of appointment (or appointments) you were offered?"

Indicator type	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	GPPS, NHS England
Data Source Indicator Code	Question 17
Notes	Practices whose values are suppressed in the published data have been removed prior to any analysis of the data taking place. Locations that have denominators below the value of 10 are not included in any analysis of 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 weighting of the data can be found at https://www.gp-patient.co.uk/weighted-data This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance" documentation, but has been displayed as a percentage within CQC products to aid interpretation.

Indicator ID	GPPS22
Short Indicator Description	**Overall experience of making an appointment**
Full Indicator description	The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment
Rationale	Service users should be able to access care and treatment promptly.

Indicator construction	**Numerator:** Total responses who answered "Very good" or "Fairly Good" to Question 22 "Overall, how would you describe your experience of making an appointment?"	**Denominator:** Total responses to Question 22 "Overall, how would you describe your experience of making an appointment?"

Indicator type	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	GPPS, NHS England
Data Source Indicator Code	Question 22
Notes	Practices whose values are suppressed in the published data have been removed prior to any analysis of the data taking place. Locations that have denominators below the value of 10 are not included in any analysis of 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 weighting of the data can be found at https://www.gp-patient.co.uk/weighted-data This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance"

	documentation, but has been displayed as a percentage within CQC products to aid interpretation.

Indicator ID	GPPS30
Short Indicator Description	**Needs met at last GP appointment**
Full Indicator description	The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met
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 "Yes, definitely" or "Yes, to some extent" to Question 30 "Thinking about the reason for your last general practice appointment, were your needs met?"	**Denominator:** Total responses to Question 30 "Thinking about the reason for your last general practice appointment, were your needs met?" excluding "Don't know / can't say"

Indicator type	Proportions
Indicator Sentiment	Low values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	GPPS, NHS England
Data Source Indicator Code	Question 30
Notes	Practices whose values are suppressed in the published data have been removed prior to any analysis of the data taking place. Locations that have denominators below the value of 10 are not included in any analysis of 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 weighting of the data can be found at https://www.gp-patient.co.uk/weighted-data This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance" documentation, but has been displayed as a percentage within CQC products to aid interpretation.

Safe

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	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.
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 (based on the latest quarter within the time period of the numerator).
Indicator type	Ratio of Counts
Indicator Sentiment	High values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	ePACT, NHS Business Services Authority
Data Source Indicator Code	GPHLI_036
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-

The indicator construction table spans columns as follows:

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 (based on the latest quarter within the time period of the numerator).

	PUs, 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. 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 data. The denominator is based on the latest quarter within the time period of the numerator

Indicator ID	NHSBACCQ
Short Indicator Description	**Prescribing of Co-amoxiclav, Cephalosporins or Quinolones**
Full Indicator description	Percentage of antibiotic items prescribed that are Co-amoxiclav, Cephalosporins or Quinolones
Rationale	HPA guidance recommends that simple generic antibiotics should be used if possible when antibiotics are necessary. Broad-spectrum antibiotics (for example, co-amoxiclav, quinolones and cephalosporins) should be avoided when narrow-spectrum antibiotics remain effective because they increase the risk of methicillin-resistant Staphylococcus aureus (MRSA), Clostridium difficile and resistant urinary tract infections.

Indicator construction	**Numerator:** Number of prescription items for BNF 5.1.1.3 (co-amoxiclav), BNF 5.1.2.1 (cephalosporins) and BNF 5.1.12 (quinolones) prescribed during the last four quarters.	**Denominator:** Total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set) prescribed during the last four quarters.

Indicator type	Proportions
Indicator Sentiment	High values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	ePACT, NHS Business Services Authority
Data Source Indicator Code	MM04
Notes	Quarterly data was aggregated when constructing this indicator. Practices have been excluded for GP Insight analysis if they have at least one quarter of missing data. This indicator has been z-scored using the method for "Proportions" which is described within the supporting "Statistical Guidance" documentation, but has been displayed as a percentage within CQC products to aid interpretation. Cephalosporins, Quinolones and Co-amoxiclav should be reserved for cases where they are the only suitable antibiotic that could be used. They are associated with an increased risk of clostridium difficile (a dangerous

	gut infection), and there are concerns about resistance developing which would reduce the ability to treat some life threatening conditions. The indicator is looking at how much of a practices overall antibiotic prescribing is from these three types of antibiotic. The higher the number the more they are using as a percentage of their overall antibiotic use and high numbers, in comparison with national or CCG levels, would warrant further investigation.

Indicator ID	NHSBA3DCA
Short Indicator Description	**3 day courses of antibiotics for uncomplicated UTI: ADQ per item**
Full Indicator description	Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection
Rationale	Antimicrobial Stewardship is one of the areas of focus within the Key Therapeutic Topics (KTT13). A number of metrics have been identified to describe quality of prescribing to minimise the risk of antimicrobial resistance, whilst still ensuring patients are effectively treated and side effects are minimised. According to Public Health England guidance on managing common infections in primary care, a 3-day course of antibiotics is sufficient for acute uncomplicated symptomatic UTI in most women with no fever or flank pain who are not pregnant. This is one of the indicators identified in the KTT.

Indicator construction	Numerator: Average daily quantity (ADQ) of prescription items for Nitrofurantoin 50 mg capsules, Nitrofurantoin 50 mg tablets, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets	Denominator: The total number of items prescribed for Nitrofurantoin 50 mg capsules, Nitrofurantoin 50 mg tablets, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets

Indicator type	Ratio of Counts
Indicator Sentiment	High values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	ePACT, NHS Business Services Authority
Data Source Indicator Code	MO4
Notes	Quarterly data was aggregated when constructing this indicator. Practices have been excluded from GP Insight analysis if they have at least one quarter with missing data. Practices with a denominator of "0"

	are also excluded. The numerator and denominator are based on the sum of the latest 2 quarters of data.

Indicator ID	NHSBAONSD
Short Indicator Description	**Oral NSAIDs ADQ per STAR-PU**
Full Indicator description	Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU)
Rationale	Oral NSAIDs are a focus within the 2018 key therapeutics topics (KTT13) published by NICE in January 2015, and in updated February 2018. The selection of metrics to support key therapeutic topics is overseen by the NHS England Medicines Optimisation Intelligence Group. This metric and prescribing data have been identified by this group to support this topic. There are long-standing and well-recognised gastrointestinal and renal safety concerns with all non-steroidal anti-inflammatory drugs (NSAIDs). The lowest effective dose should be used for the shortest duration necessary to control symptoms. This indicator looks at the doses per adjusted patient where a high figure would warrant further investigation.

Indicator construction	**Numerator:** Total number of average daily quantity (ADQ) usage for oral Non-steroidal anti-inflammatory drugs prescribed during the last two quarters	**Denominator:** Total number of Oral NSAID COST based STAR-PU (based on the latest quarter within the time period of the numerator)

Indicator type	Ratio of Counts
Indicator Sentiment	High values are bad
Assessment of Variation	Significant variation (positive) = z-score less than or equal to minus 3 Variation (positive) = z-score less than or equal to minus 2 but greater than minus 3 Tending towards variation (positive) = z-score less than or equal to minus 1.5 but greater than minus 2 No statistical variation = z-score less than 1.5 but greater than minus 1.5 Tending towards variation (negative) = z-score greater than or equal to 1.5 but less than 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
Data Source	ePACT, NHS Business Services Authority
Data Source Indicator Code	MO2
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 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.

	Quarterly data was aggregated when constructing this indicator. Practices have been excluded from GP Insight analysis if they have at least one quarter with missing data. Practices with a denominator of "0" are also excluded. The numerator is based on the sum of the latest 2 quarters of data. The denominator is based on the latest quarter within the time period of the numerator. The potential issues affecting this data include the following: a) the indicator does not target the most hazardous types of prescribing of NSAIDs (e.g. prescribing to patients at greatest risk of peptic ulcer, acute kidney injury and heart failure, for example) b) a reduction in prescription of oral NSAIDs might be associated with an increase in prescription of opioid (and related) analgesics, so there may be unintended consequences. Where outliers are identified, the data should be further evaluated through a review of practice records.

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.

GP Patient survey website link

NHS Digital, the national provider of information, data and IT systems for health and social care. They also publish the Quality and Outcomes Framework (QOF): 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.

Quality Outcomes Framework website link
NHS Digital Cervical Screening Link

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.

NHSBA ePACT prescribing data link

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.

GP payment by results data link
GP practice population profile data link

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.

PHE Cancer Services data link

NHS England publishes statistics on a range of health and care subjects. These statistics are used to inform debate, decision-making and research both within government and by the wider community.

NHS England GP Indicators link
NHS England Child Immunisation Link