

CQC Insight

NHS GP practices

Frequently Asked Questions

For GP Insight Indicators in Evidence
Tables

November 2019

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1. What is CQC's GP Insight?

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

The GP Insight model brings together nationally available data for practices, to support our decision making. GP Insight indicators cover a range of general practice activity and patient experience. National data sources underpinning this include:

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

2. How will CQC use this analysis?

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

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

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

This is why GP Insight is part of CQC's wider approach, including meeting with NHS England area teams and clinical commissioning groups (CCGs) in advance of inspection to understand the local context. It is only our inspection teams who will provide the judgement and rating on a practice. Changes to a practice rating can only happen following an inspection.

3. The Insight data for my practice is incorrect; can you change it in my practice's evidence table?

The Insight data we have used in the evidence table is the latest data that was publicly available from each data source for the relevant time period, at the time the analysis was undertaken.

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

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

Information on childhood immunisation coverage at ages one, two and five are collected through the NHS England Child Immunisation Practice Level Collection for 2018/19, via NHS Digital's Strategic Data Collection Service (SDCS), formerly Unify2 up until June 2018, from the Child Health Information Systems (CHISs).

Please note that these are management information. The term management information describes aggregate information collated and used in the normal course of business to inform operational delivery or the management of organisational performance. The information is experimental and may be incomplete or subject to a small number of data quality issues. It is also not quality assured to the same extent as other official statistics. We will apply less weighting to indicators with data quality issues.

CQC is a third party user of childhood immunisation statistics and as such undertakes quality assurance processes based on the published dataset only. **If you have a query relating to immunisation figures, then please check this with the local CHIS provider who submitted the data to NHS Digital's Strategic Data Collection Service (SDCS) (formerly Unify2 until June 2018). It will not be possible to submit revisions to the 2018/19 management information data.** We are aware of local coding issues arising when GP practices update CHIS. For example, a GP practice may not be using the most recent immunisation codes on their system.

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

Please also note that the data used within the childhood immunisation indicators relate to the practice immunisation coverage standard and is separate from the GP immunisation target payments under the Childhood Immunisation Directed Enhanced Service. These GP payments are not calculated in the same way. As an example, COVER data and NHS Digital's Strategic Data Collection Service (SDCS) assess each child's status at their 2nd birthday for childhood vaccinations

up to age 2, whereas GP payments can be claimed for a vaccine given up to the quarter before the 3rd birthday. Consequently, it is likely that GP payment data will show higher coverage.

As highlighted earlier, if practices have any concerns about the accuracy of the NHS England management information data collection, they are also able to bring alternative information relating to the relevant cohort of patients, described by the indicators, to the notice of inspectors who will consider all information before making an assessment. Any figures provided by the practice must show that they relate to the same set of indicators and should be validated by the local CHIS provider. Inspection teams will expect to see an audit trail for the revised data.

The full dataset is available online:

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

In cases where the practice is unable to provide figures in time for the inspection, the inspection teams should allow the practice to continue its lines of enquiry with the local CHIS provider. Any validated figures provided before the publication of report should be considered. In these circumstances the inspection report could state that there are data quality issues with the published data and that CQC is assured that the practice has met the standard for these indicators.

5. Why does the evidence table say ‘no data’?

We use several data sources within GP Insight. ‘No data’ in the evidence table means that there was no data matched to your practice code (Organisation Data Service code) for the relevant data source and time period.

6. What is a ‘z-score’?

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.

It is important to note that z-scores are not an assessment of the quality of care in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices. Terms assigned to z-score ranges will differ depending on the indicator. Further explanation of this is available in our ‘Indicators and methodology’ guidance document on the CQC website.

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

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

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

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

8. Why are you using 2018-19 Quality Outcomes Framework (QOF) data?

The data that CQC uses for Quality Outcomes Framework (QOF) indicators in GP Insight is obtained from NHS Digital through the latest published QOF data return, which is currently for the 2018-19 financial year. Although data for the 2019-20 financial year has been extracted by NHS Digital and placed on the Calculating Quality Reporting Service (CQRS) website, it has not gone through NHS Digital's validation processes and so is not yet published and available to the public. To reduce the risk of using inaccurate data we only utilise QOF data once it has been published and therefore we will not be in a position to use the 2019-20 data until after October 2020.

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

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

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

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

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

11. Which data sources have you used?

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

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

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

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

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

13. Some practices within CCGs did not submit data to QOF between April 2018 and March 2019. Has this been reflected in GP Insight?

CQC is aware that some practices were part of a group that participated in local quality schemes during April 2018 to March 2019 where NHS England area teams offered a reduction in the level of Quality & Outcomes Framework (QOF) monitoring for this period.

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

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

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