

Intelligent Monitoring

NHS GP practices Indicators and methodology

November 2015

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Introduction

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

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

The indicators outlined in this document will be used by CQC to help monitor quality in NHS GP practices. We have developed this set of indicators through consultation and testing; for further details please refer to the [“NHS GP practices and GP out-of-hours services provider handbook”](#) (updated March 2015).

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

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

- Comparable with other practices

Or if there is significant variation

- Large Variation – for further enquiry
- Very Large Variation – for further enquiry

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

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

- how the numerator and denominator have been constructed,
- how we have determined ‘Comparable with other practices’, ‘Large variation – for further enquiry’ and ‘Very large variation – for further enquiry’
- the time period of the data source,
- the data source and links to the original source (where this is available),
- a ‘notes’ section to detail anything specifically applied to the indicator e.g. suppression rules, etc.

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

Background information on GP Intelligent Monitoring

GPIM is a list of 34 indicators that currently cover three of our five key questions - Effective, Responsive and Caring. The indicators used in GPIM are already included within the location data packs that can be accessed by our inspectors pre-inspection. As with the approach followed in the Hospitals sector, the tool draws on existing and established national data sources (e.g. QOF, GP Patient Survey).

The GPIM methodology identifies indicator scores that demonstrate variation from the expected value, which is usually defined as the average value for all active GP practices included in GPIM. Indicators are flagged as showing 'Comparable with other practices', 'Large variation – for further enquiry' or 'Very large variation – for further enquiry' depending on the difference between the indicator score and the expected value.

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

- Intelligence sharing relationships with Quality Surveillance Groups, NHS England area teams, Clinical Commissioning Groups (CCGs), GP practices and the public
- Views of other systems holding data (NHS England primary care web tool, local Healthwatch, Public Health England practice profiles)
- Additional information held in the CCG and location level data packs
- CQC Pre inspection 'information sharing meetings'
- CQC Post inspection feedback

Changes applied in this release

Indicator changes

Since the initial release of information through GPIM, several alterations have been made to maximise the effectiveness of the output in informing the CQC inspection process. Table 1, below, outlines these alterations.

Indicator Status	Indicator	Notes
Removed August 2015	QOFGP51 - The contractor establishes and maintains a register of patients aged 18 or over with learning disabilities	This indicator has been removed as all practices have a register and hence there is no variation.
Removed August 2015	QOFGP54 - The contractor establishes and maintains a register of all patients in need of palliative care/support irrespective of age	This indicator has been removed as all practices have a register and hence there is no variation.
Removed August 2015	GPOSDD01 - Dementia diagnosis rate adjusted by the number of patients in residential care homes	This indicator has been removed following advice from Health and Social Care Information Centre, NHS England and the Department of Health regarding the methodology used and how it was applied to derive the prevalence at practice level.
Removed August 2015	GPPS003 - The percentage of respondents to the GP patient survey who stated that in the reception area other patients can't overhear	This indicator has been removed as the data is no longer collected as part of the GP Patient Survey.
Removed August 2015	GPPS005 - The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment	Following feedback from the initial release, CQC has considered the methodology and the individual survey response data, and has removed this indicator.
Removed November 2015	GPHLIEC01 - Emergency cancer admissions per 100 patients on disease register	This ratio of counts indicator includes many small denominators, and it appears that the z-scoring is not working effectively for inclusion in GPIM.
Removed November 2015	QOFGP178 - The percentage of patients aged 75 or over with a fragility fracture on or after 1 April 2012, who are currently treated with an appropriate bone-sparing agent	Due to a high percentage of practices recording a denominator less than ten patients, this indicator has been removed.

Removed November 2015	QOFGP33 - The percentage of patients with diabetes, on the register, who have a record of an albumin: creatinine ratio test in the preceding 12 months	This indicator was not included in 2014/15 QOF publication by HSCIC.
New indicator November 2015	QOFGP183 - 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.	
New indicator November 2015	QOFGP184 - 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	
New indicator November 2015	GPPS026 - The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area	
New indicator November 2015	GPPS028 - The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment	

Table 1 - Indicator Changes

Renaming of 'z-score' thresholds

One common misunderstanding with regards to the first release of GP Intelligent Monitoring was around the terms we used to describe variation in the indicators. Practices that were within a statistically acceptable variation of the mean value for a given indicator were referenced as “no evidence of risk”. Where the variation was greater these were referenced as “evidence of risk” and those with very large variation were “evidence of elevated risk”. All of these references to risk related to a statistical variation, not to any judgement that clinically a practice was unsafe.

In this release, where the data indicates evidence of no significant variation, we will describe it as:

- Comparable with other practices

Or if there is significant variation:

- Large Variation – for further enquiry
- Very Large Variation – for further enquiry

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	GPPS004	
Indicator description	The percentage of respondents to the GP patient survey who stated that they always or almost always see or speak to the GP they prefer	
Rationale	Service users should be able to access care and treatment promptly.	
Indicator construction	Numerator: Total responses who answered "Always or almost always" to question 9 "How Often do you see or speak to the GP you prefer?"	Denominator: Total responses to question 9 "How Often do you see or speak to the GP you prefer?" excluding "Not tried at this GP Surgery".
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/07/2014 to 31/03/2015	
Data Source	NHS England	
Notes	<p>Practices whose values are suppressed in the published data have been removed from this analysis prior to any analysis of the data taking place.</p> <p>Locations that have denominators below the value of 10 have been removed from this analysis prior to any analysis of the data taking place.</p> <p>The results of the survey for each GP practice have been weighted to adjust the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete a questionnaire. More information about the weighing of the data can be found at https://gp-patient.co.uk/faq/weighted-data</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>	

Indicator ID	GPPS014	
Indicator description	The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care	
Rationale	Service users should be involved in and informed of the care and treatment they receive.	
Indicator construction	Numerator: Total responses who answered "Very good" and "Good" to question 21 part iv "Last time you saw or spoke to a GP from your GP surgery, how good was that GP at involving you in decisions about your care?"	Denominator: Total responses to question 21 part iv "Last time you saw or spoke to a GP from your GP surgery, how good was that GP at involving you in decisions about your care?" excluding "Doesn't apply".
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/07/2014 to 31/03/2015	
Data Source	NHS England	
Notes	<p>Practices whose values are suppressed in the published data have been removed from this analysis prior to any analysis of the data taking place.</p> <p>Locations that have denominators below the value of 10 have been removed from this analysis prior to any analysis of the data taking place.</p> <p>The results of the survey for each GP practice have been weighted to adjust the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete a questionnaire. More information about the weighing of the data can be found at https://gp-patient.co.uk/faq/weighted-data</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>	

Indicator ID	GPPS015	
Indicator description	The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern	
Rationale	Service users should be treated with dignity and respect.	
Indicator construction	Numerator: Total responses who answered "Very good" and "Good" to question 21 part v "Last time you saw or spoke to a GP from your GP surgery, how good was that GP at treating you with care and concern?"	Denominator: Total responses to question 21 part v "Last time you saw or spoke to a GP from your GP surgery, how good was that GP at treating you with care and concern?" excluding "Doesn't apply".
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/07/2014 to 31/03/2015	
Data Source	NHS England	
Notes	<p>Practices whose values are suppressed in the published data have been removed from this analysis prior to any analysis of the data taking place.</p> <p>Locations that have denominators below the value of 10 have been removed from this analysis prior to any analysis of the data taking place.</p> <p>The results of the survey for each GP practice have been weighted to adjust the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete a questionnaire. More information about the weighing of the data can be found at https://gp-patient.co.uk/faq/weighted-data</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>	

Indicator ID	GPPS020	
Indicator description	The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care	
Rationale	People who use services should experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights	
Indicator construction	Numerator: Total responses who answered "Very good" and "Good" to question 23 part iv "Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse in involving you in decisions about your care?"	Denominator: Total responses to question 23 part iv "Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse in involving you in decisions about your care?" excluding "Doesn't apply".
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/07/2014 to 31/03/2015	
Data Source	NHS England	
Notes	<p>Practices whose values are suppressed in the published data have been removed from this analysis prior to any analysis of the data taking place.</p> <p>Locations that have denominators below the value of 10 have been removed from this analysis prior to any analysis of the data taking place.</p> <p>The results of the survey for each GP practice have been weighted to adjust the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete a questionnaire. More information about the weighing of the data can be found at https://gp-patient.co.uk/faq/weighted-data</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>	

Indicator ID	GPPS021	
Indicator description	The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern	
Rationale	Service users should be treated with dignity and respect.	
Indicator construction	Numerator: Total responses who answered "Very good" and "Good" to question 23 part v "Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at treating you with care and concern?"	Denominator: Total responses to question 23 part v "Last time you saw or spoke to a nurse from your GP surgery, how good was that nurse at treating you with care and concern?" excluding "Doesn't apply".
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/07/2014 to 31/03/2015	
Data Source	NHS England	
Notes	<p>Practices whose values are suppressed in the published data have been removed from this analysis prior to any analysis of the data taking place.</p> <p>Locations that have denominators below the value of 10 have been removed from this analysis prior to any analysis of the data taking place.</p> <p>The results of the survey for each GP practice have been weighted to adjust the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete a questionnaire. More information about the weighing of the data can be found at https://gp-patient.co.uk/faq/weighted-data</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>	

Indicator ID	GPPS025	
Indicator description	The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good	
Rationale	People who use services should experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights	
Indicator construction	Numerator: Total responses who answered "Very good" and "Fairly good" to question 28 "Overall, how would you describe your experience of your GP surgery?"	Denominator: Total responses to question 28 "Overall, how would you describe your experience of your GP surgery?"
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/07/2014 to 31/03/2015	
Data Source	NHS England	
Notes	<p>Practices whose values are suppressed in the published data have been removed from this analysis prior to any analysis of the data taking place.</p> <p>Locations that have denominators below the value of 10 have been removed from this analysis prior to any analysis of the data taking place.</p> <p>The results of the survey for each GP practice have been weighted to adjust the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete a questionnaire. More information about the weighing of the data can be found at https://gp-patient.co.uk/faq/weighted-data</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>	

Indicator ID	GPPS026	
Indicator description	The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area	
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, would definitely recommend" and "Yes, would probably recommend" to Question 29 "Would you recommend your GP surgery to someone who has just moved to your local area?"	Denominator: Total responses to Question 29 "Would you recommend your GP surgery to someone who has just moved to your local area?" excluding those who answered "Don't know"
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/07/2014 to 31/03/2015	
Data Source	NHS England	
Notes	<p>Practices whose values are suppressed in the published data have been removed from this analysis prior to any analysis of the data taking place.</p> <p>Locations that have denominators below the value of 10 have been removed from this analysis prior to any analysis of the data taking place.</p> <p>The results of the survey for each GP practice have been weighted to adjust the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete a questionnaire. More information about the weighing of the data can be found at https://gp-patient.co.uk/faq/weighted-data</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>	

Effective

Indicator ID	GPHLIAC01	
Indicator description	The number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions per 1,000 population	
Rationale	Ambulatory Care Sensitive Conditions (ACS) account for one in every six emergency hospital admission in England. This shows the number of admissions for ambulatory care sensitive conditions per 1000 patients on a GP practice list. ACS conditions are a group of conditions where care could be effectively managed outside hospital, therefore a high rate of admissions for these conditions may indicate that there is inadequate support to manage these conditions in the community, although other factors such as social and living conditions, poor community support services, and non-response to medication may also result in high levels of admissions.	
Indicator construction	Numerator: The number of Emergency Admissions for 19 Ambulatory Care Sensitive (ACS) conditions	Denominator: Number of patients registered at the GP Practice / 1000 practice population
Indicator type	Ratio of Counts	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	Numerator: 01/01/2014 to 31/12/2014 Denominator: April 2015 quarterly update GP list size	
Data Source	Numerator: Hospital Episode Statistics Denominator: NHS Comparators	
Notes	Please note data was suppressed for practices with between 1 and 5 emergency admissions for 19 Ambulatory Care Sensitive (ACS) conditions.	

Indicator ID	GPHLIAP	
Indicator description	Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU)	
Rationale	<p>Antibiotics are used to treat infections caused by bacteria. This comparator measures the overall volume of antibiotics prescribed by a General Practice, taking into account the size of the practice and the mix of ages and gender balance of the patients it treats. Antibiotic resistance is driven by overusing antibiotics and prescribing them inappropriately. There is a need to preserve specific antibiotics for the future and discourage their use for common infections.</p> <p>Keeping levels of antibacterial prescribing low, by only prescribing antibiotics when appropriate, will help reduce the spread of the antibacterial resistance that can be a serious threat to patients who have infections that do not respond to antimicrobial drugs. An unusually high value for this comparator may indicate some inappropriateness in the use of antibiotics.</p>	
Indicator construction	Numerator: Total number of items for Antibacterial drugs (BNF 5.1)	Denominator: Total number of oral antibacterials (BNF 5.1 sub-set) items based STAR_PU
Indicator type	Ratio of Counts	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/01/2014 to 31/12/2014	
Data Source	Numerator: NHS Business Services Authority Denominator: NHS Business Services Authority	
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-PU's, instead of the number of patients, as the basis the indicator, means that comparisons between general practices better reflect differences in prescribing practice, and are less influenced by differences between the groups of patients being treated.	

	Quarterly data relating to 2014 (calendar year) was aggregated when constructing this indicator. Practices have been excluded for GPIM analysis if they at least one quarter of missing data.
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Indicator ID	GPHLICH01	
Indicator description	The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD)	
Rationale	The Coronary Heart Disease National Service Framework (CHD NSF) and now the new (General Medical Services) GMS contract state that general practioners and primary care teams should develop a register of CHD patients, through which they can review medication, offer advice on diet and lifestyle, and maintain the necessary contact with patients most at risk of suffering renewed heart problems.	
Indicator construction	Numerator: The Coronary Heart Disease (CHD) register from the Quality and Outcomes Framework (QOF)	Denominator: Expected prevalence adjusted by practice list and disease register.
Indicator type	Indirect standardised ratio	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF) Denominator: NHS Comparators	
Notes	Denominator is the modelled number of patients in the practice estimated to have coronary heart disease. Practice List, modelled estimated disease register, and percentage. For information on the estimated prevalence model, the data used in the model, and methodology behind it, please go to the Public Health Observatories' website: http://www.apho.org.uk/DISEASEPREVALENCEMODELS Practice level results published for 2008-09 have been applied to the 2011-12 practice list information from QOF to determine expected prevalence for 2011-12. These estimates are then rebased to current list size, Expected prevalence = ([2011/12 expected divided by 2011/12 list size] X Current list size).	

	Caution when interpreting this indicator: The expected prevalence rate is based on the 2011 prevalence model which is out of date. No updated version of this prevalence data is currently available. Prevalence was directly adjusted by age and gender from the practice list but indirectly adjusted for other social statuses e.g. smoking, deprivation etc. by local population. Therefore the prevalence rate may not fully reflect practices with atypical population e.g. practices with large percentages of young people or university practices etc.
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Indicator ID	GPHLICPD	
Indicator description	The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD)	
Rationale	Clinicians in primary care have the skills to assess patients' symptoms for COPD and adequacy of their control, monitor progression of their disease, identify the development of complications and the need for referral to secondary care or other specialists. Failure to identify cases early in the progression of the disease will impact on sensitivity to treatment, increase secondary care requirements and reduce quality of life.	
Indicator construction	Numerator: Observed prevalence of patients with chronic obstructive pulmonary disease (COPD)	Denominator: Expected prevalence of patients with chronic obstructive pulmonary disease (COPD) adjusted by practice list and disease register.
Indicator type	Indirect standardised ratio	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/04/2013 to 31/03/2014	
Data Source	Numerator: Quality and Outcomes Framework (QOF) Denominator: NHS Comparators	
Notes	Denominator is the modelled number of patients in the practice estimated to have Chronic Obstructive Pulmonary Disease. Practice List, modelled estimated disease register, and percentage.	

	<p>For information on the estimated prevalence model, the data used in the model, and methodology behind it, please go to the Public Health Observatories' website: http://www.apho.org.uk/DISEASEPREVALENCEMODELS</p> <p>High values are good. However, extremely high values may be indicative of over diagnosis or misdiagnosis.</p> <p>Practice level results published for 2008-09 have been applied to the 2011-12 practice list information from QOF to determine expected prevalence for 2011-12. These estimates are then rebased to current list size, Expected prevalence = ([2011/12 expected divided by 2011/12 list size] X Current list size).</p> <p>Caution when interpreting this indicator: The expected prevalence rate is based on the 2011 prevalence model which is out of date. No updated version of this prevalence data is currently available. Prevalence was directly adjusted by age and gender from the practice list but indirectly adjusted for other social statuses e.g. smoking, deprivation etc. by local population. Therefore the prevalence rate may not fully reflect practices with atypical populations e.g. practices with large percentages of young people or university practices etc.</p>
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Indicator ID	GPHLICQI	
Indicator description	Percentage of antibiotic items prescribed that are Cephalosporins or Quinolones	
Rationale	Broad spectrum antibiotics, such as Quinolones and Cephalosporins, need to be reserved to treat resistant disease, and should generally be used only when standard and less expensive antibiotics are ineffective.	
Indicator construction	Numerator: Number of prescription items for Cephalosporins (BNF 5.1.2.1) and Quinolones(BNF 5.1.12)	Denominator: Number of prescribed items for Penicillins (050101) Cephalosporins (0501021) Tetracyclines (050103), Macrolides (050105), Sulphonamides And Trimethoprim (050108), Metronidazole, Tinidazole & Ornidazole (050111), Quinolones (050112) and Urinary-Tract Infec
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/01/2014 to 31/12/2014	

Data Source	Numerator: NHS Business Services Authority Denominator: NHS Business Services Authority
Notes	All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.

Indicator ID	GPHLIFV01	
Indicator description	The percentage of patients aged over 6 months to under 65 years in the defined influenza clinical risk groups that received the seasonal influenza vaccination	
Rationale	People in clinical risk groups (pregnant women, people with chronic respiratory disease, chronic heart disease, chronic renal disease, chronic liver disease, chronic neurological disease, or diabetes, carers, children, and people who are immunosuppressed) are more vulnerable to the effects of flu, and more at risk of developing complications such as bronchitis and pneumonia which can result in hospitalisation. Nationally, there is a target for at least 75 percent of the population in clinical risk groups to have received the flu vaccination.	
Indicator construction	Numerator: The number of patients aged over 6 months to under 65 years in the defined influenza clinical risk groups that received the seasonal influenza vaccination	Denominator: All patients between 6 months to under 65 in clinical risk groups
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/09/2013 to 31/01/2014	
Data Source	Numerator: Information Centre Indicator Portal Denominator: Information Centre Indicator Portal	
Notes	Flu vaccinations are available within a GP practice between the months of September and March. However for the purposes of monitoring clinical effectiveness, this indicator focusses on flu vaccinations received between September to January for the relevant year.	

	<p>The denominator part of the indicator includes patients who were offered but refused the influenza vaccination.</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>
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Indicator ID	GPHLIFV02	
Indicator description	The percentage of patients aged 65 and older who have received a seasonal flu vaccination	
Rationale	People age 65 and older are more vulnerable to the effects of flu, and more at risk of developing complications such as bronchitis and pneumonia which can result in hospitalisation. Nationally, there is a target for at least 75 percent of the population aged 65 years and older to have received the flu vaccination.	
Indicator construction	Numerator: Number of patients 65 and over who have received a flu vaccination	Denominator: All patients aged 65 and over on the practice list
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	<p>Large Variation = z-score greater than or equal to 2 but less than 3</p> <p>Very Large Variation = z-score greater than or equal to 3</p>
Time-period	01/09/2013 to 31/01/2014	
Data Source	<p>Numerator: Information Centre Indicator Portal</p> <p>Denominator: Information Centre Indicator Portal</p>	
Notes	<p>Flu vaccinations are available within a GP practice between the months of September and March. However for the purposes of monitoring clinical effectiveness, this indicator focusses on flu vaccinations received between September and January for the relevant year.</p> <p>The denominator part of this indicator includes patients who were offered but refused the influenza vaccination.</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>	

Indicator ID	GPHLIHP	
Indicator description	Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU)	
Rationale	Risks associated with long term use of hypnotic drugs have been well recognised for many years. The Committee on Safety of Medicines advised that benzodiazepine hypnotics should be used only if insomnia is severe, disabling or causing the patient extreme distress. The lowest dose that controls symptoms should be used, for a maximum of four weeks and intermittently if possible. NICE guidance on zaleplon, zolpidem and zopiclone (the so called 'Z drugs') also recommends that when, after due consideration of the use of non-pharmacological measures, hypnotic drug therapy is considered appropriate for the management of severe insomnia interfering with normal daily life, hypnotics should be prescribed for short periods of time only, in strict accordance with their licensed indications.	
Indicator construction	Numerator: Total average daily quantity (ADQ) usage for benzodiazepines and "Z" drugs (zolpidem, zopiclone and zaleplon) in BNF 4.1.1	Denominator: Total number of Hypnotics (BNF 4.1.1 sub-set) ADQ based STAR_PU
Indicator type	Ratio of Counts	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/01/2014 to 31/12/2014	
Data Source	Numerator: NHS Business Services Authority Denominator: NHS Business Services Authority	
Notes	The volume of prescribing is measured in Average Daily Quantities. For a given drug, the Average Daily Quantity is a value calculated to reflect the daily dose typically prescribed to individual patients within UK general practices. A STAR-PU (or Specific Therapeutic group Age-sex Related Prescribing Unit) is a value calculated to reflect not only the number of patients in a practice, but also the age and sex mix of that group. Because the need for particular drugs within a group of patients is affected by their ages and gender balance, using the number of STAR-PUs, instead of the number of patients, as the basis of the indicator, means that comparisons between general practices better reflect differences in prescribing practice, and are less influenced by differences between the groups of patients being treated.	

	Quarterly data relating to 2014 (calendar year) was aggregated when constructing this indicator. Practices have been excluded from GPIM analysis if they have at least one quarter with missing data.
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Indicator ID	GPHLIINI	
Indicator description	Number of Ibuprofen and Naproxen Items prescribed as a percentage of all Non-Steroidal Anti-Inflammatory drugs Items prescribed	
Rationale	NSAIDs (non-steroidal anti-inflammatory drugs) are widely used to relieve pain and inflammation and often prescribed in high doses for painful long-term conditions such as osteoarthritis and rheumatoid arthritis. There are long standing and well recognised safety concerns with all NSAIDs including an increased risk of cardiovascular 'events' (such as heart attacks and strokes), and of gastro-intestinal events (such as dyspepsia and ulcers). There is evidence that this risk is lower in the case of two particular NSAIDs: naproxen and low-dose ibuprofen. This comparator shows the extent to which a General Practice's prescribing of NSAIDs is made up of naproxen and ibuprofen. An unusually low value for this indicator may indicate an over reliance on NSAIDs which carry greater gastro-intestinal and cardiovascular risks.	
Indicator construction	Numerator: Number of prescription items for Ibuprofen and Naproxen (sub-set of BNF section 10.1.1)	Denominator: Number of prescribed items for Non-Steroidal Anti-Inflammatory Drugs (BNF section 10.1.1)
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/01/2014 to 31/12/2014	
Data Source	Numerator: NHS Business Services Authority Denominator: NHS Business Services Authority	
Notes	Quarterly data relating to 2014 (calendar year) was aggregated when constructing this indicator. Practices have been excluded from GPIM analysis if they have at least one quarter with missing data.	

	All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.
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Indicator ID	QOFGP102	
Indicator description	The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months	
Rationale	The three target levels for IFCC-HbA1c (59, 64 and 75 mmol/mol) in the QOF are designed to provide an incentive to improve glycaemic control across the distribution of IFCC-HbA1c values.	
Indicator construction	Numerator: Number of patients with diabetes on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months	Denominator: Total number of patients on the diabetes register.
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/04/2014 to 31/03/2015	
Data Source	Quality and Outcomes Framework	
Notes	All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.	

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

Indicator construction	Numerator: Number of patients with diabetes with a record of a foot examination and risk classification within the preceding 12 months	Denominator: Total number of patients on the diabetes register.
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/04/2014 to 31/03/2015	
Data Source	Quality and Outcomes Framework	
Notes	<p>Extended indicator description: The percentage of patients with diabetes, on the register, with a record of a foot examination and risk classification: 1) low risk (normal sensation, palpable pulses), 2) increased risk (neuropathy or absent pulses), 3) high risk (neuropathy or absent pulses plus deformity or skin changes in previous ulcer) or 4) ulcerated foot within the preceding 12 months</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>	

Indicator ID	QOFGP106	
Indicator description	The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less	
Rationale	Blood pressure (BP) lowering in people with diabetes reduces the risk of macrovascular and microvascular disease. The target of 140/80 mmHg has been set as per the target recommended by NICE (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	

Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/04/2014 to 31/03/2015	
Data Source	Quality and Outcomes Framework	
Notes	All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.	

Indicator ID	QOFGP110	
Indicator description	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months	
Rationale	This indicator reflects good professional practice and is supported by NICE clinical guidelines (http://guidance.nice.org.uk/CG82/NICEGuidance/pdf/English). Patients on the mental health disease register should have a documented primary care consultation that acknowledges, especially in the event of a relapse, a plan for care. This consultation may include the views of their relatives or carers where appropriate. Up to half of patients who have a serious mental illness are seen only in a primary care setting. For these patients, it is important that the primary care team takes responsibility for discussing and documenting a care plan in their primary care record.	
Indicator construction	Numerator: Number of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan agreed and documented in the records	Denominator: Total number of patients with schizophrenia, bipolar affective disorder and other psychoses
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/04/2014 to 31/03/2015	
Data Source	Quality and Outcomes Framework	

Notes	<p>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</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>
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Indicator ID	QOFGP111	
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	
Assessment of Variation	Comparable with other practices = z-score less than 2	<p>Large Variation = z-score greater than or equal to 2 but less than 3</p> <p>Very Large Variation = z-score greater than or equal to 3</p>
Time-period	01/04/2014 to 31/03/2015	
Data Source	Quality and Outcomes Framework	
Notes	All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.	

Indicator ID	QOFGP150	
Indicator description	The percentage of patients with atrial fibrillation with CHADS2 score of 1, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy	
Rationale	<p>Atrial fibrillation is the most common sustained cardiac arrhythmia and if left untreated is a significant risk factor for stroke and other morbidities. This indicator uses the CHADS2 risk stratification scoring system to inform treatment options. The use of a risk stratification scoring system is in line with European Society of Cardiology (ESC) guidance that states that 'recommendations for therapy should be based on the presence (or absence) of risk factors for stroke and thromboembolism'.</p> <p>Where the CHADS2 score is 0 (low risk), then the patient can be offered treatment with aspirin²². Where the CHADS2 score is 1 (moderate risk) then either aspirin or anti-coagulants can be offered.</p>	
Indicator construction	Numerator: Number of patients with atrial fibrillation, with a CHADS2 score of 1 measured within the last 12 months, who are currently treated with anti-coagulation drug therapy or an anti-platelet therapy	Denominator: Total number of patients with atrial fibrillation
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/04/2014 to 31/03/2015	
Data Source	Quality and Outcomes Framework	
Notes	<p>Extended indicator description: In those patients with atrial fibrillation in whom there is a record of a CHADS2 score of 1, the percentage of patients who are currently treated with anti-coagulation drug therapy or anti-platelet therapy</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>	

Indicator ID	QOFGP155	
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 9 months is 150/90mmHg or less	Denominator: Total number of patients with hypertension
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/04/2014 to 31/03/2015	
Data Source	Quality and Outcomes Framework	
Notes	All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.	

Indicator ID	QOFGP162	
Indicator description	The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months	
Rationale	Smoking is known to be associated with an increased risk of coronary heart disease, is an important contributor to 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	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/04/2014 to 31/03/2015	
Data Source	Quality and Outcomes Framework	
Notes	<p>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</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>	

Indicator ID	QOFGP182
Indicator description	The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years
Rationale	This indicator is designed to encourage and incentivise contractors to continue to achieve high levels of uptake in cervical screening. Cervical screening can prevent cervical cancer.

Indicator construction	Numerator: Number of women aged 25-64 whose notes record a cervical screening test within the preceding 5 years.	Denominator: Total number of females aged 25-64
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/04/2014 to 31/03/2015	
Data Source	Quality and Outcomes Framework	
Notes	<p>Extended Indicator Description: The percentage of women aged 25 or over and who have not attained the age of 65 whose notes record that a cervical screening test has been performed in the preceding 5 years</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>	

Indicator ID	QOFGP183	
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	<p>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.</p>	
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	

Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/04/2014 to 31/03/2015	
Data Source	Quality and Outcomes Framework	
Notes	All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.	

Indicator ID	QOFGP184	
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	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/04/2014 to 31/03/2015	
Data Source	Quality and Outcomes Framework	
Notes	All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.	

Indicator ID	QOFGP27	
Indicator description	The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months	
Rationale	A series of well-designed cohort and case control studies have demonstrated that people with Alzheimer-type dementia do not complain of common physical symptoms, but experience them to the same degree as the general population. As the illness progresses, and more agencies are involved, the review should additionally focus on assessing the communication between health and social care and non-statutory sectors as appropriate, to ensure that potentially complex needs are addressed.	
Indicator construction	Numerator: Number of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the previous 12 months	Denominator: Total number of patients diagnosed with dementia
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/04/2014 to 31/03/2015	
Data Source	Quality and Outcomes Framework	
Notes	All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.	

Indicator ID	QOFGP35	
Indicator description	The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less	
Rationale	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	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/04/2014 to 31/03/2015	
Data Source	Quality and Outcomes Framework	
Notes	All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.	

Indicator ID	QOFGP36	
Indicator description	The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March	
Rationale	This is a current recommendation from the Department of Health and the Joint Committee on Vaccination and Immunisation.	
Indicator construction	Numerator: Number of patients on the diabetes register who have had influenza immunisation in the preceding 1 August to 31 March	Denominator: Total number of patients on the diabetes register.
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/04/2014 to 31/03/2015	
Data Source	Quality and Outcomes Framework	
Notes	All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.	

Indicator ID	QOFGP55	
Indicator description	The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed	
Rationale	The QOF monitors occurrence of the multi-disciplinary meetings. The aims of these meetings include ensuring all aspects of the patients care have been considered; improving communication within the team and with other organisations and coordinating each patient's management plan.	
Indicator construction	For categorical indicators such as this, either zero points or full points are awarded by QOF. Where zero points have been awarded, a 'No' category has been assigned for GPIM, and where full points have been awarded, the practice has been assigned to the 'Yes' category.	
Indicator type	Categorical rules-based	
Assessment of Variation	Very Large Variation = "No"	Comparable with other practices = "Yes"
Time-period	01/04/2014 to 31/03/2015	
Data Source	Quality and Outcomes Framework (QOF)	

Responsive

Indicator ID	GPPS001	
Indicator description	The percentage of respondents to the GP patient survey who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?'	
Rationale	Service users should be able to access care and treatment promptly.	
Indicator construction	Numerator: Total weighted responses who answered "Very easy" and "Fairly easy" to question 3 "Generally, how easy is it to get through to someone at your GP surgery on the phone?"	Denominator: Total weighted responses to question 3 "Generally, how easy is it to get through to someone at your GP surgery on the phone?" excluding "Haven't tried".
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/07/2014 to 31/03/2015	
Data Source	NHS England	
Notes	<p>Practices whose values are suppressed in the published data have been removed from this analysis prior to any analysis of the data taking place.</p> <p>Locations that have denominators below the value of 10 have been removed from this analysis prior to any analysis of the data taking place.</p> <p>The results of the survey for each GP practice have been weighted to adjust the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete a questionnaire. More information about the weighing of the data can be found at https://gp-patient.co.uk/faq/weighted-data</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>	

Indicator ID	GPPS023	
Indicator description	The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours	
Rationale	Service users should be able to access care and treatment promptly.	
Indicator construction	Numerator: Total responses who answered "Very satisfied" and "Fairly satisfied" to question 25 "How satisfied are you with the hours that your GP surgery is open?"	Denominator: Total responses to question 25 "How satisfied are you with the hours that your GP surgery is open?" excluding "I'm not sure when my GP surgery is open".
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/07/2014 to 31/03/2015	
Data Source	NHS England	
Notes	<p>Practices whose values are suppressed in the published data have been removed from this analysis prior to any analysis of the data taking place.</p> <p>Locations that have denominators below the value of 10 have been removed from this analysis prior to any analysis of the data taking place.</p> <p>The results of the survey for each GP practice have been weighted to adjust the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete a questionnaire. More information about the weighing of the data can be found at https://gp-patient.co.uk/faq/weighted-data</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>	

Indicator ID	GPPS028	
Indicator description	The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment	
Rationale	Patients should be able to access care and treatment promptly. It is important to patients that they are able to get an appointment with their GP or practice nurse. Patients could be at risk of not receiving appropriate care if they are unable to get an appointment.	
Indicator construction	Numerator: Total responses who answered "Yes" to question 12 "Were you able to get an appointment to see or speak to someone?"	Denominator: Total responses to question 12 "Were you able to get an appointment to see or speak to someone?" excluding those that answered "Can't remember"
Indicator type	Proportions	
Assessment of Variation	Comparable with other practices = z-score less than 2	Large Variation = z-score greater than or equal to 2 but less than 3 Very Large Variation = z-score greater than or equal to 3
Time-period	01/07/2014 to 31/03/2015	
Data Source	NHS England	
Notes	<p>Practices whose values are suppressed in the published data have been removed from this analysis prior to any analysis of the data taking place.</p> <p>Locations that have denominators below the value of 10 have been removed from this analysis prior to any analysis of the data taking place.</p> <p>The results of the survey for each GP practice have been weighted to adjust the data to account for potential differences between the demographic profile of all eligible patients in a practice and the patients who actually complete a questionnaire. More information about the weighing of the data can be found at https://gp-patient.co.uk/faq/weighted-data</p> <p>All indicators that are based on proportions, using the method described in our statistical guidance document, are displayed as a percentage.</p>	

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.

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

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

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

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

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

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

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

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