Care Quality Commission

Intelligent Monitoring Report

Gildersome Health Centre

Finkle Lane
Leeds
West Yorkshire
LS27 7HL

March 2016

## Intelligent Monitoring (IM) Report: March 2016

GP IM is an initial list of 31 indicators that currently cover three of our five key questions - Effective, Caring and Responsive. The tool draws on existing and established national data sources (e.g. Quality and Outcomes Framework, GP Patient Survey).

This report presents CQC's view of the IM indicators for Gildersome Health Centre**.**

The information helps CQC to plan inspection activities and identify areas for further local enquiry. This information is not a judgement on the quality of care provided. CQC's judgement takes the form of ratings which are published after an inspection has been carried out.

We have published a document setting out the definition and full methodology for each indicator which includes any changes to the indicator set, a paper on the statistical methodology and a Frequently Asked Questions document; these documents can be found by looking at the GP Intelligent Monitoring pages on the CQC's website (www.cqc.org.uk/gpmonitoring). If, after consulting these documents, you have any further queries or need more information please email enquiries@cqc.org.uk putting the phrase "**GP IM3 Enquiry**" in the subject line and quoting in the body of the email your practice's 11 digit registration ID number (this appears at the top right corner of this report).

### Key for distribution chart
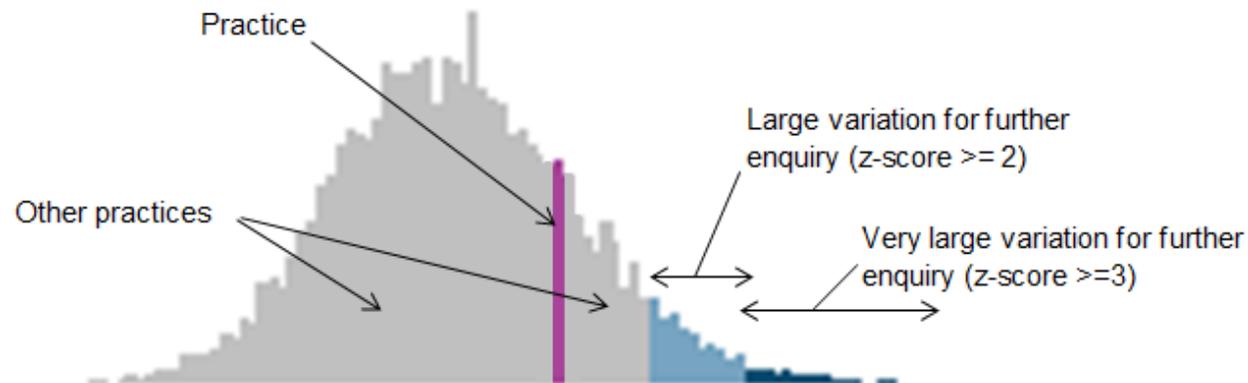
A 'z-score' (also known as a 'standardised score') tells us how far away a particular practice's score is from the mean average score for that indicator, and measures this in standard deviations. The histogram above represents the z-score distribution for an indicator and will differ from the distribution in observed values. Calculation of a z-score takes into account the sentiment of the indicator so that for each indicator a larger positive score shows potentially unwarranted variation that is in need of further understanding. We mark a higher z-score of 2 or more as "large variation for further enquiry" and a z-score of 3 or more as "very large variation for further enquiry". Identification of large or very large variation for an indicator is not of itself a statement regarding quality and merely identifies possibly unwarranted variation in the data that merits discussion and explanation (further explanation of this is available in our FAQ document).

In the histogram example above; the vertical y-axis is the count or frequency that a z-score occurs and the horizontal x-axis is the z-score. For a normal distribution, you would expect the peak of the curve to be at a z-score of zero and in the centre of the chart as this represents the mean or average value. The purple line displays where the practice falls in the distribution. If the purple line is to the left of the chart (within the grey section) then it is 'comparable to other practices' for that indicator. A practice line which falls to the right of the chart (within the blue areas of the graph) will be indicative of a large or very large variation warranting further enquiry.

Practice Summary

Count of variations and comparable indicators
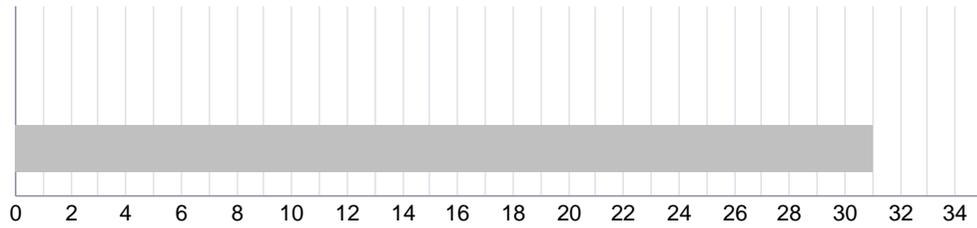
- Very large variation for further enquiry
- Large variation for further enquiry
- Comparable to other practices

Percentage score*   0.0%

Percentage Score:
The percentage score gives a guide to the amount of variation shown for the practice by the indicators. It is calculated as follows:

$$\frac{(2 \times \text{number of indicators with very large variation}) + (\text{Number of indicators with large variation})}{2 \times \text{total number of indicators}} \times 100$$

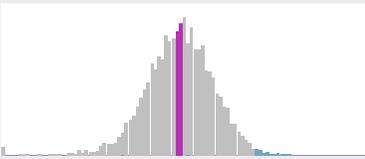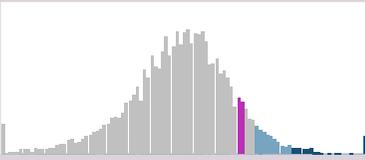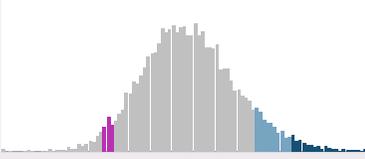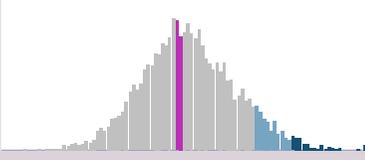## Indicators showing variation for further enquiry

No variations from expected

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Indicator Level Data

Pages 5-10 of your report will detail the indicator level data for your practice. Please refer to the Indicator & Methodology guidance which can be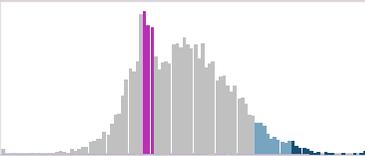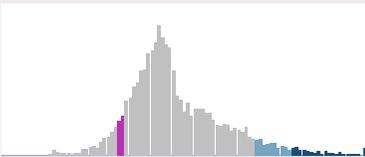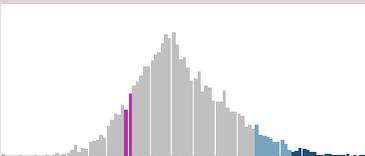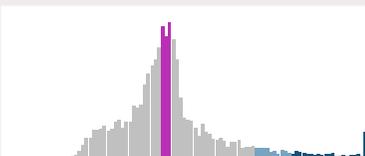 found by looking at the GP Intelligent Monitoring pages on the CQC's website (www.cqc.org.uk/gpmonitoring) to access more information relating to the indicators listed in this report.
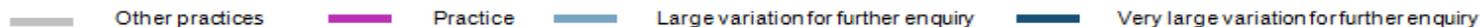
The following is a table explaining the column headings for your practice's indicator data on the subsequent pages. For further detailed explanations please see the guidance documentation (links to which can be found on page two of this document).
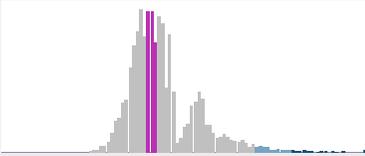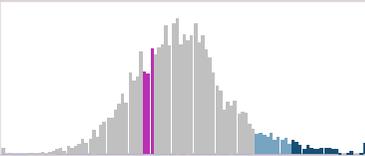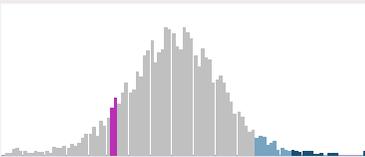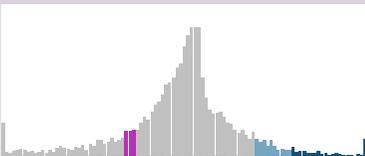
Column Heading	Explanation of Column Heading
Key Question	Which of the CQC's 5 key questions the indicator answers
Indicator code	The internal CQC unique code assigned to the indicator
Indicator description	The indicator description details what the indicator is looking at
Time period	The time period refers to the dates during which the data was captured
Observed	The value for each indicator generated by dividing the numerator by the denominator
Average	The average (a number expressing the central or typical value in a set of data) value for that indicator based on the sum totals of all practices with data for that indicator. Also known as the 'expected value' or the 'mean'.
Numerator	The numerator and denominator components of an indicator will vary in description depending on the nature of the indicator. Please refer to the Indicator & Methodology guidance for specific descriptions.
Denominator	
Z-Score	A statistical measurement of a score's relationship to the mean in a group of scores
Z-Score range	Graph showing the range of z-scores overall for that indicator with the purple line displaying where the practice's z-score is within the distribution range.

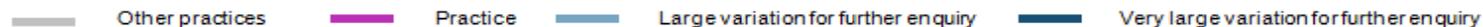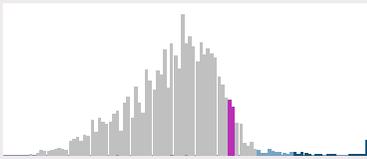| Key Question	Indicator Code: Indicator description (time period)	Observed	Average	Numerator	Denominator	Z-score	Z-score range
Effective	GPHLIAC01: The number of Emergency Admissions for 19 Ambulatory Care Sensitive Conditions per 1,000 population. (01/04/14 to 31/03/15)	14.95	14.58	50	3.34	-0.21	
	GPHLIAP: Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/14 to 30/06/15)	0.36	0.27	2871	7950	1.64	
	GPHLICH01: The ratio of reported versus expected prevalence for Coronary Heart Disease (CHD) (01/04/14 to 31/03/15)	0.98	0.71	179	182.02	-2.13	
	GPHLICPD: The ratio of reported versus expected prevalence for Chronic Obstructive Pulmonary Disease (COPD) (01/04/14 to 31/03/15)	0.66	0.63	92	139.79	-0.15	
	GPHLICQI: Percentage of antibiotic items prescribed that are Cephalosporins or Quinolones (01/07/14 to 30/06/15)	2.5%	5.1%	72	2832	-1.74	
	GPHLIHP: Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/14 to 30/06/15)	0.20	0.26	8255.5	40869	-0.68	
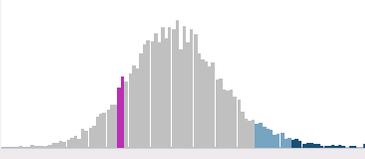
Other practices   Practice   Large variation for further enquiry   Very large variation for further enquiry

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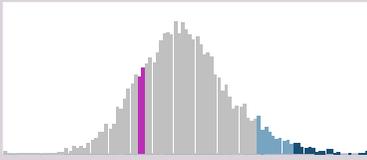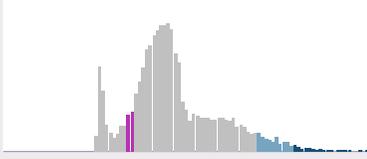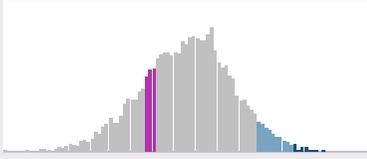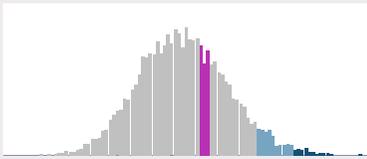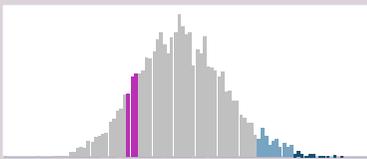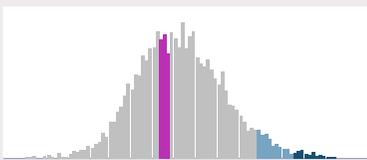| Key Question	Indicator Code: Indicator description (time period)	Observed	Average	Numerator	Denominator	Z-score	Z-score range
Effective	GPHLIINI: Number of Ibuprofen and Naproxen Items prescribed as a percentage of all Non-Steroidal Anti-Inflammatory drugs Items prescribed (01/07/14 to 30/06/15)	68.2%	76.8%	578	848	1.17	
	QOFGP102: 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 (01/04/14 to 31/03/15)	84.2%	77.5%	144	171	-1.04	
	QOFGP104: The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/14 to 31/03/15)	96.8%	88.3%	181	187	-1.70	
	QOFGP106: 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 (01/04/14 to 31/03/15)	88.2%	78.0%	165	187	-1.59	
	QOFGP110: 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 (01/04/14 to 31/03/15)	93.3%	88.5%	14	15	-0.51	
	QOFGP111: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/14 to 31/03/15)	100.0%	89.6%	15	15	-2.01	
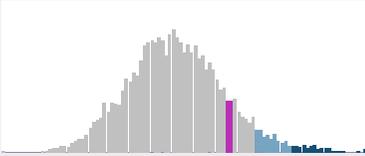
Other practices   Practice   Large variation for further enquiry   Very large variation for further enquiry

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Key Question	Indicator Code: Indicator description (time period)	Observed	Average	Numerator	Denominator	Z-score	Z-score range
Effective	QOFGP150: The percentage of patients with atrial fibrillation with CHADS2 score of 1, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy (01/04/14 to 31/03/15)	100.0%	98.4%	11	11	-0.85	
	QOFGP155: The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/14 to 31/03/15)	87.4%	83.7%	519	594	-1.02	
	QOFGP162: The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/14 to 31/03/15)	97.9%	94.1%	870	889	-1.89	
	QOFGP182: The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/14 to 31/03/15)	87.3%	81.8%	653	748	-1.53	
	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. (01/04/14 to 31/03/15)	81.0%	75.4%	153	189	-1.03	
	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 (01/04/14 to 31/03/15)	95.7%	89.9%	88	92	-1.36	
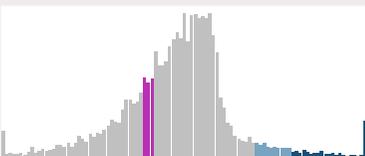
Other practices   Practice   Large variation for further enquiry   Very large variation for further enquiry

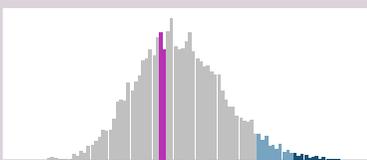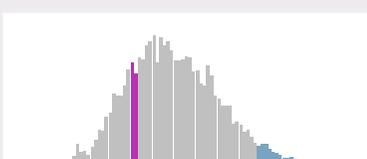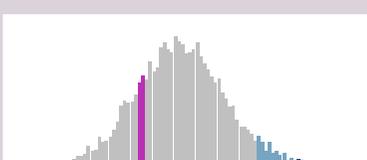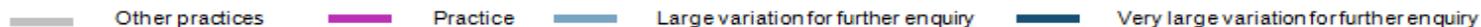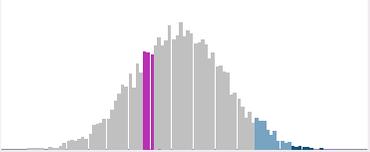Intelligent Monitoring Report March 2016 GPIM V103

Key Question	Indicator Code: Indicator description (time period)	Observed	Average	Numerator	Denominator	Z-score	Z-score range
Effective	QOFGP27: The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/14 to 31/03/15)	71.4%	84.0%	25	35	1.26	
	QOFGP35: 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 (01/04/14 to 31/03/15)	86.6%	80.5%	162	187	-1.19	
	QOFGP36: The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/14 to 31/03/15)	99.4%	94.4%	163	164	-1.56	
	QOFGP55: The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/14 to 31/03/15)	Yes	-	-	-	-	Not applicable for this indicator
Caring	GPPS004: 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. (01/01/15 to 30/09/15)	52.2%	36.2%	10.14	19.45	-1.02	
	GPPS014: 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 (01/01/15 to 30/09/15)	71.8%	81.6%	33.29	46.37	1.16	

Other practices   Practice   Large variation for further enquiry   Very large variation for further enquiry

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Key Question	Indicator Code: Indicator description (time period)	Observed	Average	Numerator	Denominator	Z-score	Z-score range
Caring	GPPS015: 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. (01/01/15 to 30/09/15)	81.5%	85.3%	39.7	48.74	0.52	
	GPPS020: 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 (01/01/15 to 30/09/15)	93.9%	85.1%	35.92	38.24	-1.51	
	GPPS021: 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. (01/01/15 to 30/09/15)	93.9%	90.6%	40.64	43.29	-0.64	
	GPPS025: The percentage of respondents to the GP patient survey who described the overall experience of their GP surgery as fairly good or very good. (01/01/15 to 30/09/15)	90.3%	85.0%	47.95	53.12	-0.70	
Responsive	GPPS001: 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?'. (01/01/15 to 30/09/15)	92.3%	73.3%	46.43	50.33	-1.43	
	GPPS023: The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practice opening hours. (01/01/15 to 30/09/15)	87.6%	78.3%	44.4	50.71	-1.27	

Other practices   Practice   Large variation for further enquiry   Very large variation for further enquiry

Key Question	Indicator Code: Indicator description (time period)	Observed	Average	Numerator	Denominator	Z-score	Z-score range
Responsive	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 (01/01/15 to 30/09/15)	85.3%	76.1%	42.55	49.87	-0.95	

Other practices   Practice   Large variation for further enquiry   Very large variation for further enquiry