

# **Data on Comparative Clinical Outcomes** of GP Practices in England

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## Background



- Part of the Government's commitment to 'open up our public services' on 7<sup>th</sup> July 2011 the Prime Minister announced:
  - 'Data on comparative clinical outcomes of GP practices in England to be published by December 2011"
- To deliver the commitment Department of Health asked
  - the Royal College of General Practitioners (RCGP) to lead the project through a Delivery Board
  - advised by a Technical Expert Group

#### Aims



- The project aims to deliver the transparency commitment by:
  - providing the public with a single source of comparable data,
  - publishing accurate data,
  - engaging with stakeholders,
  - commissioning the NHS Information Centre (NHS IC) to release the data through the
- Indicator Portal on 7th December 2011
- 2<sup>nd</sup> phase –analytical tool in June 2012

#### Method



1. Identification of indicators and sources, used in SHA, PCT, NHS and data intermediary tools, information subsequently populated into a Data Matrix.

Demographics	Patient Experience (weighted GPPS results)	QOF
Registered List Size (number)	Appointments at your GP Surgery or Health Centre	QOF Clinical Domain Exception & Achievement Rates for:
Weighted List Size - PBRA	Arriving for your appointment	Asthma, AF, Cancer, CKD, COPD, CHD, CVD primary
Age breakdown	Getting through on the phone	prevention, Dementia, Depression, Diabetes, Epilepsy, HF
Gender breakdown	Opening hours	HT, Hypothyroidism, Mental Health, Smoking, and Stroke
Urban/Rural	Planning your care	QOF Organisational domain: records and information,
Patients in Nursing Home Care	Questionnaire respondent demographics	patient information, education and training, practice
	Seeing a doctor	QOF Patient experience domain: length of consultations
	Seeing a doctor at the GP surgery or health centre	and Patient Survey
Capacity	Seeing a practice nurse at the GP surgery or health	QOF additional services domain Achievement and
Number of GPs	Seeing the doctor you prefer	Exception Rates: Child Health, Cervical Screening,
HC GPs per 1,000 population/weighted population	Your overall satisfaction	
Needs	Expenditure/Secondary Care (all registered and weighted list)	Secondary Care (all registered and weighted list)
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QOF Reported Prevalance: CHD, Stroke, HT,	Expenditure on first outpatient appointments per	A&E referrals per 1,000 population
	Expenditure on first outpatient appointments per 1,000 population	A&E referrals per 1,000 population  A&E attendances per 1,000 population
Diabetes, COPD, Epilepsy, Hypothyroidism,		
Diabetes, COPD, Epilepsy, Hypothyroidism, Cancer, Mental Health, Asthma, Heart Failure,	1,000 population	A&E attendances per 1,000 population
QOF Reported Prevalance: CHD, Stroke, HT, Diabetes, COPD, Epilepsy, Hypothyroidism, Cancer, Mental Health, Asthma, Heart Failure, Heart Failure due to LVD, Palliative Care, Dementia, Depression, CKD, AF, Obesity, Learning	1,000 population Expenditure on emergency admissions per 1,000	A&E attendances per 1,000 population A&E admissions per 1,000 population
Diabetes, COPD, Epilepsy, Hypothyroidism, Cancer, Mental Health, Asthma, Heart Failure, Heart Failure due to LVD, Palliative Care, Dementia, Depression, CKD, AF, Obesity, Learning Disabilities, Smoking, and CVD	1,000 population  Expenditure on emergency admissions per 1,000 population	A&E attendances per 1,000 population  A&E admissions per 1,000 population  Consultant to consultant referral  Emergency admissions per 1,000 population  First outpatient appointment per 1,000 population
Diabetes, COPD, Epilepsy, Hypothyroidism, Cancer, Mental Health, Asthma, Heart Failure, Heart Failure due to LVD, Palliative Care, Dementia, Depression, CKD, AF, Obesity, Learning Disabilities, Smoking, and CVD	1,000 population  Expenditure on emergency admissions per 1,000 population  Expenditure on outpatients per 1,000 population	A&E attendances per 1,000 population  A&E admissions per 1,000 population  Consultant to consultant referral  Emergency admissions per 1,000 population
Diabetes, COPD, Epilepsy, Hypothyroidism, Cancer, Mental Health, Asthma, Heart Failure, Heart Failure due to LVD, Palliative Care, Dementia,	1,000 population  Expenditure on emergency admissions per 1,000 population  Expenditure on outpatients per 1,000 population  Expenditure on elective admission per 1,000	A&E attendances per 1,000 population  A&E admissions per 1,000 population  Consultant to consultant referral  Emergency admissions per 1,000 population  First outpatient appointment per 1,000 population  Total outpatient appointment per 1,000 population  Follow-ups per first outpatient appointment
Diabetes, COPD, Epilepsy, Hypothyroidism, Cancer, Mental Health, Asthma, Heart Failure, Heart Failure due to LVD, Palliative Care, Dementia, Depression, CKD, AF, Obesity, Learning Disabilities, Smoking, and CVD	1,000 population  Expenditure on emergency admissions per 1,000 population  Expenditure on outpatients per 1,000 population  Expenditure on elective admission per 1,000	A&E attendances per 1,000 population  A&E admissions per 1,000 population  Consultant to consultant referral  Emergency admissions per 1,000 population  First outpatient appointment per 1,000 population  Total outpatient appointment per 1,000 population

#### Method cont.



2. Joint working with other organisations to secure data. Organisations include:

Connecting for Health	Summary Care Record, Electronic Prescription Service, GP2GP and Choose and Book
Public Health Observatories	Expected Prevalence Models, Indices of Multiple Deprivation (IMD) and Income Deprivation Affecting Children (IDACI).
Health Protection Agency	Influenza over 65 yrs % coverage and Influenza at risk % coverage.
NHAIS (Exeter)	Practice list data

3. DH in partnership with the NHS Information Centre is responsible for data governance and criteria determining data inclusion and exclusion.

The following data criteria has been agreed and used within the Data Matrix:

- Is the data already publicly available?
- Is this data held nationally at practice level?
- Is the data timely?
- Are there any data quality issues?
- Is this data relevant to Primary Care?
- Does the data require additional processing?

### Engagement



- DH has worked with Primary Care organisations on indicator development, with the RCGP taking the lead in deciding which indicators are most appropriate.
- Series of GP Professional and Stakeholder events have taken place, informing individuals and organisations about the portal's data, function and purpose.

#### **Indicator Portal**

- Data published on the existing Indicator Portal is developed by the NHS Information Centre.
- Data published in a spreadsheet format.
- Is a source of practice level data.
- Data published covers 260 separate items, covering 8,300 GP practices in England, the initial audience for the data will largely be Data Intermediaries.
- Data also made available via NHS Choices site and Association of Public Health Observatories (Practice Profiles).

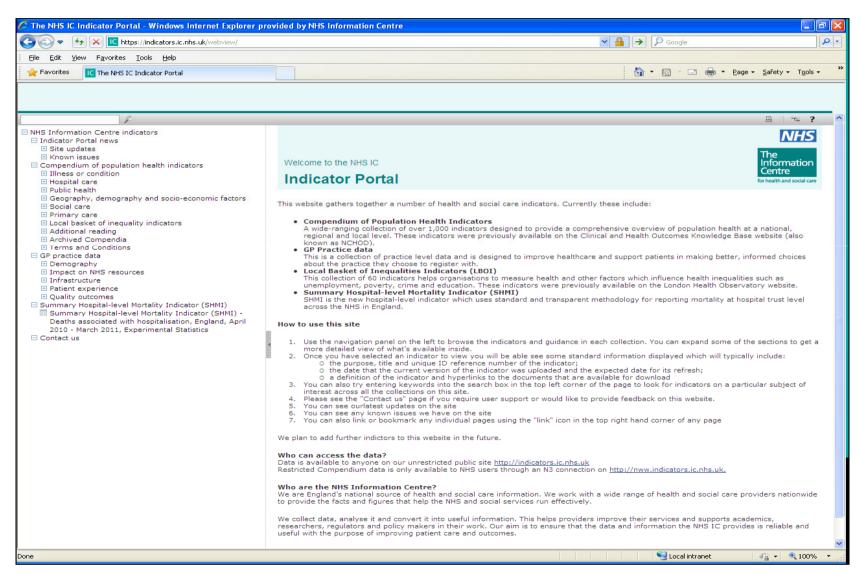
#### Data sets



- The December publication is the 1<sup>st</sup> phase of a journey towards providing more information about the quality of care practices provide
- Data covering 25 new indicators have been published for the first time at practice level. This includes data on influenza, Choose and Book and the Electronic Prescription Service.
- The data is structured under 5 key headings:
  - Demographics
  - Patient Experience
  - Quality Outcomes
  - Infrastructure
  - Impact on NHS Resources
- Information about practice population, demographics and the prevalence of chronic conditions forms part of the data set, enabling individuals and organisations to make informed choices.

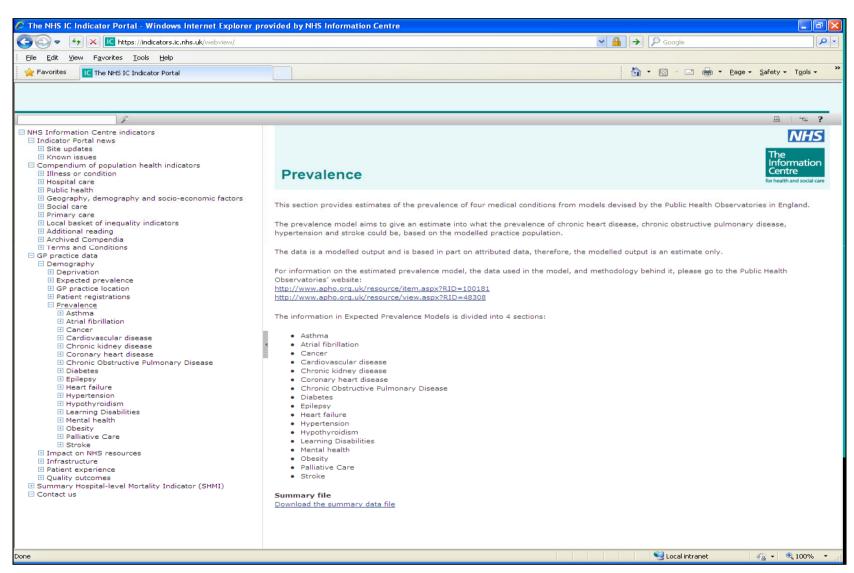
#### NHS IC Indicator Portal





## Website navigation





## Intent of making data available



- Puts data into a single place allowing organisations to use the data to:
  - compare practices
  - make choices
  - support decision making by commissioning groups

But also need to go further so as to enable:

- GPs to compare their practice, allowing them to see where they could perform better, leading to fresh, innovative ideas.
- Promote improvement by enabling clinicians, emerging CCGs, current PCT clusters and the NHS Commissioning Board to link the data to wider information on healthcare need, activity and outcomes.

Aim is to deliver a more user friendly, <u>comparative tool</u>, linking patient and organisational data by 7<sup>th</sup> June 2012.

## **Next Steps**



The comparative tool, 2<sup>nd</sup> phase of the journey focuses on 2 areas:

- continuing work to identify other relevant clinical data indicators
- developing composite and aggregate data indicators

#### New data items

- Working to publish 25 new data indicators in June 2012, these include A & E and readmissions data, life expectancy, contract type and weighted patient list size.
- Further indicator development will take place over the next 18 months with data indicators published on a quarterly basis and when ready.

#### **Composite indicators**

- Bring together individual indicators into a single index, allowing simpler and quicker comparisons to be drawn.
- Expert groups have been formed to initially advise on 3 areas: Diabetes, Prescribing and Patient Experience.
- Initial release of the Patient Experience will take place in June and cover 5 domains: accessing care, waiting to be seen, opening hours, consultations with a doctor and consultations with a nurse.
- The Prescribing composite may form part of the indicator set to be release in June 2012, the Diabetes composite release is planned for September 2012.

## GP Practice Comparative Tool



Development of the tool will be in 3 stages:

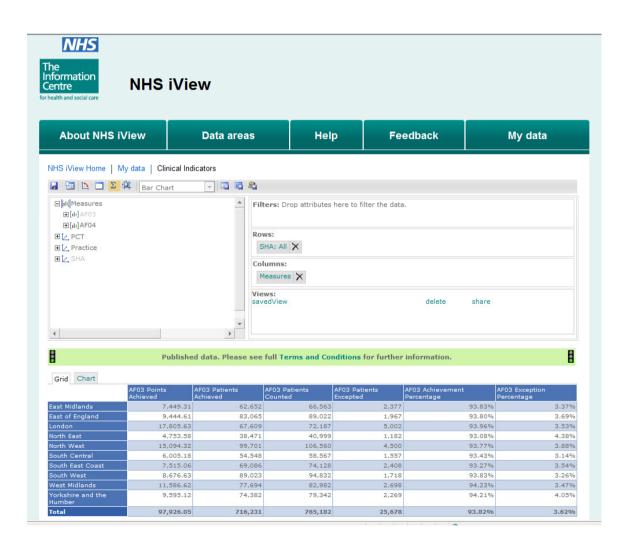
 Stage 1 (planned delivery 7<sup>th</sup> June 2012) will enable practice data to be viewed in a time series format along with a number of chart styles and tabular forms.

I-view,a web-based tool will be used to deliver stage 1 and is an interim solution. The NHS Information Centre will work towards a strategic solution, with improved functionality for future stages.

- Stage 2 (for September 2012) will have greater functionality allowing users to save data selections and customisation of standard views.
- Stage 3 (delivery date to be confirmed) will allow complex data viewing, enabling multiple indicator selection by the user. Also permit correlation. Multivariate or other statistical analysis of the indicator or underlying data.



## The HSCIC - Indicator Portal iView overview



iView will be prepopulated with the chosen indicator

The user can navigate to other indicators within iView

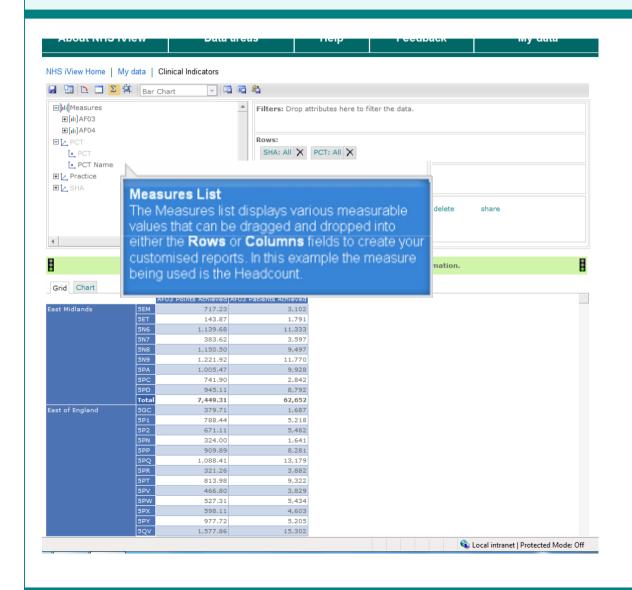
Initial view will be at SHA level to enable quick load of system

Hierarchy available to enable users to select their PCT, CCG, or Practice

Users can also create their own custom groups



## The HSCIC - Indicator Portal Dimensions



After the initial SHA selection users will be able to drill down to PCT / CCG and practice level

Help file will be produced to give guidance, however feedback from existing users is that the system is very user friendly for analysts and non-analysts alike.