Intelligent Monitoring

NHS GP practices

Frequently asked questions

November 2014

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1. **What is CQC's Intelligent Monitoring?**

   The Intelligent Monitoring (IM) tool has been developed to give CQC a clearer understanding of each provider, which informs our inspectors where they should inspect, and what to focus on during an inspection. It will assist us when planning the inspection programme for NHS GP practices. The tool draws on existing and established national data sources, and includes indicators covering a range of activity in GP practices and the experiences of patients. The indicators relate to the five key questions that we will ask of all services when we inspect: are they safe, effective, caring, responsive, and well-led?

2. **How will CQC use this analysis?**

   The tool analyses the indicators to create priority bands for inspection. We will then use these bandings to help inform where we prioritise our inspections. We will also use the indicators to ask questions about the quality of care, but we will never use them on their own to make final judgements. This is because Intelligent Monitoring is part of CQC's wider approach to inspection, which includes:

   - Inspection teams comprising specialist inspectors, experts by experience, GPs, practice nurses and/ or practice managers.

   - Comprehensive key lines of enquiry (KLOEs) for inspectors.

   - Intelligence sharing relationships with Quality Surveillance Groups, NHS England Area Teams, Clinical commissioning groups (CCGs), GP practices and the public.

   - The views of other organisations and systems holding data (NHS England Primary Care Webtool, local Healthwatch, Public Health England GP Practice Profiles).

   - CQC pre-inspection information sharing meetings.

   - CQC post-inspection feedback.

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

   Intelligent Monitoring helps us to determine our programme of inspections, and is just one aspect of a wider regulatory and inspection approach. If we have information that people might be at risk of poor care, we don't wait for updated information, but will continue to carry out inspections. If we have concerns that people may be at risk, we will take action. Where it is appropriate and proportionate, we will carry out an immediate inspection outside of our planned programme.

4. **Will you update the Intelligent Monitoring reports for practices that have been inspected?**

Practices that have been inspected using our new inspection methodology, and have had their inspection reports published on our website, since 1 April 2014 will not be placed into a band. This is because we do not need to prioritise them for our inspection programme. However, we will still include them in Intelligent Monitoring, and you can download their practice reports in the same way as for all other practices. Please see our website for further information on how to do this.

5. Does Intelligent Monitoring take information on patient demographics into account?

The current Intelligent Monitoring methodology doesn't take into account any demographic information about a practice or its patient groups. However, some of our indicators have already had the data weighted for demographic factors. There is further information in the guidance about indicators and methodology on our website www.cqc.org.uk/GPmonitoring.

Inspections will always take into account information about the practice's patient population when making judgements about the service provided.

6. How did CQC select the indicators?

The indicators in our initial set are those that we consider to be important for monitoring potential risks to the quality of care in GP practices. We selected these indicators because they are collected nationally and they have been subject to broad engagement and robust challenge in their development. We have also engaged, consulted, and tested the indicator set with stakeholders when developing the set of indicators for publication.

While it is often difficult to achieve consensus on indicators, we believe the ones that we have chosen measure things that have a high impact on people and that they can alert us to changes in those areas.

Our inspection programme will help us to refine the Intelligent Monitoring tool, and the list of indicators will be developed and expanded further across the five key questions that we ask. This will allow us to evaluate the link between what the indicators show and what we find on inspection. For example, if Intelligent Monitoring shows that GP practices have very few risks, whether we judge them to be good or outstanding.

7. My GP practice is flagged as having a 'risk' or 'elevated risk' for a specific indicator. Is it safe?

Intelligent Monitoring helps us to anticipate, identify and respond more quickly to providers at risk of providing poor quality care. When we identify a 'risk' or 'elevated risk' in Intelligent Monitoring, it does not necessarily mean that people using the practice are at risk. Inspections will determine whether GP practices are providing safe care and whether patients may be at risk. The Intelligent Monitoring tool helps us to decide when, where and what to inspect.

8. How often will the indicators be published and where?

We will update the indicators with the most current data available to us and publish them regularly on CQC's website.

9. Which data sources have you used?

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

- Quality and Outcomes Framework (QOF).
- GP Patient Survey (GPPS).
- Electronic Prescribing Analysis and Costs (ePACT).
- Hospital Episode Statistics (HES).
- Information Centre Indicator Portal.
- NHS Comparators.

For a more detailed explanation of the data sources that we have used to generate these indicators, please refer to the Indicators and methodology guidance on our website: www.cqc.org.uk/GPmonitoring.

As more data sources become available, we will consider including them in Intelligent Monitoring.

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

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

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

11. How will practice reconfigurations – for example, mergers – be reflected in Intelligent Monitoring?

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

12. How can I find data for a whole local area team or commissioning region?

The NHS England website enables you to check details for each commissioning region; it lists the area teams in each region and the CCGs that are in each area team: http://www.england.nhs.uk/resources/resources-for-ccgs/comm-for-value/.

13. How have you created the priority bands used to categorise practices, and how will you use these?

Each GP practice has been placed into one of six priority bands, with Band 1 representing the highest risk and Band 6 the lowest risk. We have assigned the bands based on the proportion of indicators that have been identified as 'risk' or 'elevated risk'. For further detail, please see the Indicators and methodology guidance on our website: www.cqc.org.uk/GPmonitoring.

The bandings give CQC, and GP practices, a guide to the areas that we may need to look at in more depth. The bandings and indicators support the wider inspection approach and support the other sources of information available to our inspection teams. They should prompt GP practices to ask questions, reflect and, if appropriate, take action.

14. Why hasn't my practice been placed into a priority band?

Bands have not been applied to practices under the following circumstances:

- Where the practice has been inspected since 1 April 2014, using our new methodology, and had its inspection report published.
- Where the practice has data for fewer than 36 indicators in Intelligent Monitoring. This is because the methodology used to place practices into bands is less accurate with smaller numbers of indicators, and we cannot be sufficiently confident that the band is correct.
- Practices in North Somerset CCG and Somerset CCG have not been placed into bands, as there is incomplete data in QOF for these practices. The suspension in the QOF data was agreed with the CCGs.

15. Why does an asterisk (*) appear in the data for some indicators?

For some indicators, the number of patients in question is small. This means that, to avoid possible patient/ consultant identification, the actual numbers are suppressed and replaced with an asterisk. For GP Patient Survey indicators, this occurs for questions with fewer than 10 respondents, while for indicators using data from Hospital Episode Statistics, respondent numbers of five or less are supressed.

16. What is a 'z-score'?

A 'z-score' (sometimes 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. Z-scores measure distance from the mean average in both directions, so minus scores are possible. In our Intelligent

Monitoring methodology, negative scores represent lower predicted risk than scores above zero.

For an in-depth explanation of z-scoring, please see our Statistical methodology guidance on our website: www.cqc.org.uk/GPmonitoring.

17. Will future versions of Intelligent Monitoring include data from patient comments on NHS Choices, or other qualitative sources?

Qualitative data does not feed directly into Intelligent Monitoring. However, comments from NHS Choices website are shared with our inspection teams as part of their inspection planning. Qualitative data is something that we intend to include in future, and will always be used where appropriate as part of CQC inspections.

18. Why is the same information published on both the CQC website and in the NHS Choices My NHS GP Scorecard (the Scorecard)?

The NHS Choices My NHS GP Scorecard and Intelligent Monitoring are separate products. The Scorecard is an initiative from the Department of Health and NHS England, in collaboration with CQC and Public Health England, whereas Intelligent Monitoring is CQC's own tool.

Because this is the first time that the Scorecard and Intelligent Monitoring for GP services have been published, the same information is being used for both.

19. What is the relationship between the 'red', 'blue' and 'green' statuses on the NHS Choices Scorecard, and 'Risk', 'Elevated risk' and 'No evidence of risk' in Intelligent Monitoring?

You can see information about this on our website in the 'Indicator and methodology' guidance about the scoring rules for each indicator and the accompanying Statistical guidance on Z-scores: www.cqc.org.uk/GPmonitoring.

Please see the table below for a comparison.

My NHS GP Scorecard

Scorecard status	Z-score
Red	Z-score =>2
Blue	Z-score >-2 and <2
Green	Z-score =<-2

CQC Intelligent Monitoring

IM status	Z-score
Elevated Risk	Z-score =>3
Risk	Z-score =>2 and <3
No Evidence of Risk	Z-score <2

20. **Two CCGs in Somerset didn't submit data to QOF between January and March 2014. Has this been reflected in the priority bands for the GP practices in Somerset?**

For these GP Practices – those in North Somerset and Somerset CCGs - there will be an effect on their QOF indicator results. As a result, we will not be placing practices from these two CGGs into priority bands. A list of the practices affected can be found from our website: www.cqc.org.uk/GPmonitoring.