JOINT COMMISSIONING COMMITTEE

MEETING DATE:	8 October 2015
AGENDA ITEM NUMBER:	Item 5.1
AUTHOR:	Jason Coombs
JOB TITLE:	Relationship Manager
DEPARTMENT:	Finance & Business Support

PRIMARY CARE PERFORMANCE DASHBOARD

PURPOSE/ACTION REQUIRED:	To receive and note
CONSULTATION AND/OR INVOLVEMENT PROCESS:	Discussions have taken place with Yorkshire & Humber CS Business Intelligence Team and CCG Risk & Quality team to develop and continue to improve the dashboard
FREEDOM OF INFORMATION:	**Public**

1.   PURPOSE OF THE REPORT:

The attached Primary Care Performance Dashboard will provide (subject to on-going development and feedback) a key element of a dedicated performance reporting and assurance framework for primary care.

The Dashboard is populated with General Practice high level indicators and CCG performance measures which form part of the Primary Medical Services Assurance Framework. The Performance data used has been taken from the Primary Care Web Tool available from NHS England's Primary Care website: www.primarycare.nhs.uk.

The dashboard Indicators (Part 1) have been grouped into five NHS Outcome Framework domains. Where a Practice outlier exists from the national average this will be highlighted in red by GP Practice. The Indicators in (Part 1) have not been updated from the August meeting as they are updated every six months by NHSE, the next update will be in December.

GP Practice development plans are produced, supported by the CCG and NHS England using the underlying Indicators within the dashboard.

2.   STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	x
Reduce unwarranted variations in services	√
Deliver the best outcomes for every patient	x
Improve patient experience	x
Reduce the inequalities gap in North Lincolnshire	x

3. ASSURANCES TO THE JOINT COMMISSIONING COMMITTEE

The attached report and Performance Dashboard is designed to give key assurance to the Joint Commissioning Committee through delivering a quality framework for Primary Care. Internal assurances will be made through engagement with the Primary Care Development Group in the future.

The Primary Medical Services Assurance Framework (NHS England) gives assurance through delivery of the dashboard indicators (Part1). Part 2 of the report has been quality assured by the Yorkshire & Humber CS Business Intelligence team.

4. IMPACT ON RISK ASSURANCE FRAMEWORK:	Yes		No	x

5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:	Yes		No	x

6. LEGAL IMPLICATIONS:	Yes		No	x

7. RESOURCE IMPLICATIONS:	Yes		No	x

8. EQUALITY IMPACT ASSESSMENT:	Yes		No	x

9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:	Yes		No	x

10. RECOMMENDATIONS:

The Joint Commissioning Committee is asked to:
- Review and note this report
- Suggest any further local measures to be developed

Primary Care Development Dashboard - Cover/Outline Specification

NHS North Lincolnshire Clinical Commissioning Group

Part 1

Primary Care Dashboard - NHS England Indicators

Sourced from the Primary Care Web Tool showing practice level indicators as assessed by NHSE - Unchanged from August meeting
Shows against benchmark where available
Indicator details have now been added to show data source, Denominator and unit of measurement

Part 2
Performance Measures

a) **Currently Reported**
     Measures that are currently reported and measured at a CCG level that are available at a practice level
     CCG Level targets are also provided if in existence.

b) **In Development**
     For the group to discuss and agree as local measures to be developed

Primary Care Development Dashboard - NHS England Indicator Summary

NHS
North Lincolnshire
Clinical Commissioning Group

Triggers by Domain
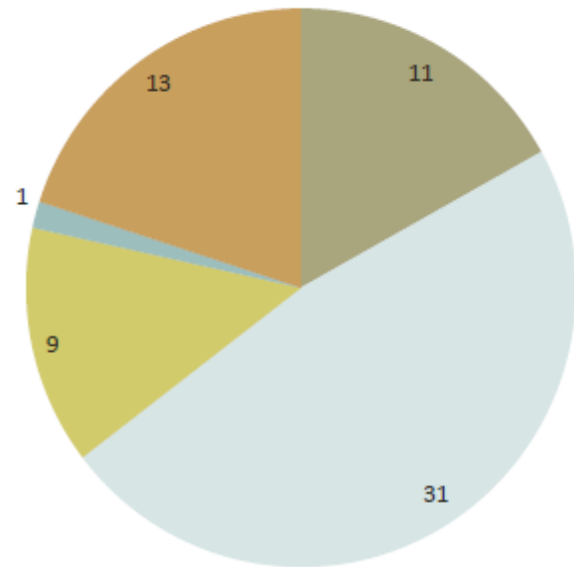
- Domain 1: Preventing people from dying prematurely
- Domain 2: Enhancing Quality of life for people with LTCs
- Domain 3: Helping people to Recover from Illness or Following Injury
- Domain 4: Ensuring People Have a Positive Experience of care
- Domain 5: Treating and Caring for People in a Safe Environment

Pie chart values: 11, 31, 9, 1, 13

Highest Practice Indicator Outliers

Domain Lookup	Indicator	Period	Total
Domain 1: Preventing people from dying prematurely	CHD Prevalance	QOF Jan 14	6
Domain 2: Enhancing Quality of life for people with LTCs	CHD Admissions	Jan 14 - Dec 14	8
	CHD Cholesterol monitorin	2013-14	4
	CHD Prevalance	QOF Jan 14	6
	COPD Admissions	Jan 14 - Dec 14	4
Domain 3: Helping people to Recover from Illness or Following Injury	ACS Admissions	Oct 13 - Sept 14	5
Domain 5: Treating and Caring for People in a Safe Environment	NSAIDS prescribing	2013-14	8
Grand Total			

North Lincolnshire CCG Practice Outliers by Domain
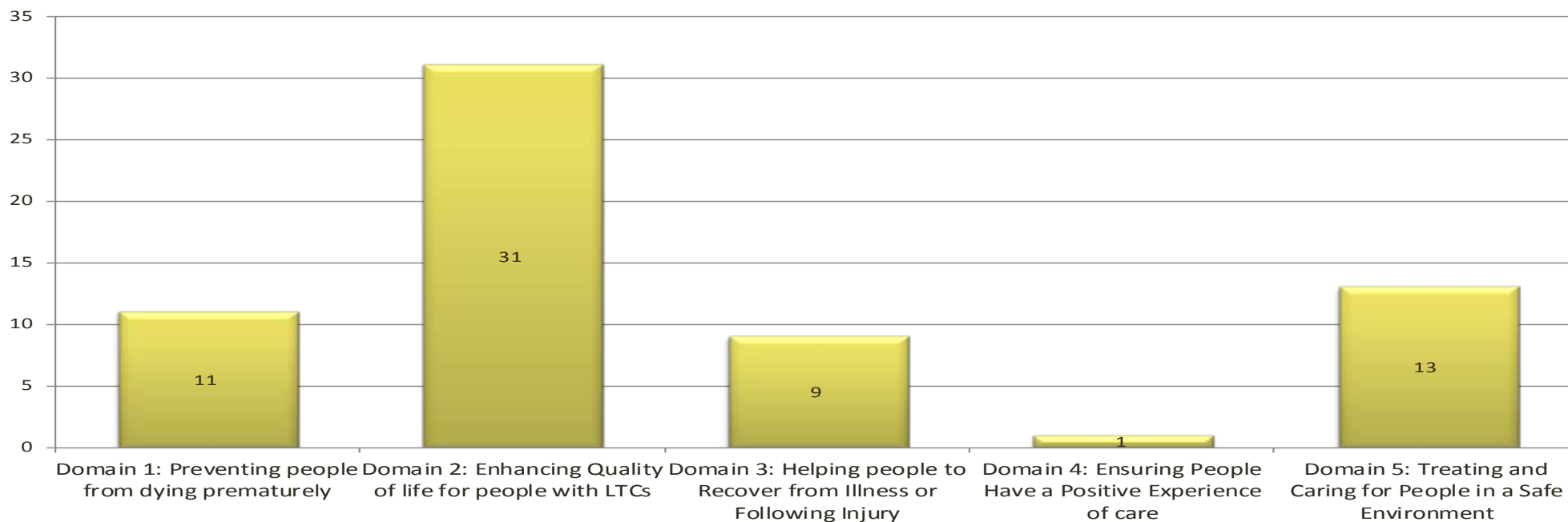
Commentary

The Primary Care Web Tool has been developed to support the delivery of monitoring primary medical services.
Indicators are grouped across the NHS Outcome Framework domains.
The tool has identified three Practices from North Lincolnshire CCG that have six or more outlying indicators from the five domains.
Each Practice with outlying indicators are greater than two standard errors from the National mean.
The highest Practice Indicator outliers are highlighted under '**Highest Practice Indicator Outliers**'

Data Source: GP Practice Level Indicators, Primary Care Web Tool

https://www.primarycare.nhs.uk/default.aspx

Primary Care Development Dashboard - NHS England Indicator List

Domain	Indicator	Ind Ref	Period	National Value	Ancora Practice	Ashby Turn	Barnetby	Bridge Street	Cambridge Ave	Cedar Practice	Church Lane	Kirton Lindsey	Market Hill	Riverside	South Axholme	The Birches	Central Surgery	South Killingholme	Oswald Road	Trent View	West Common Lane	West Town	Winterton
Domain 1: Preventing people from dying prematurely	Cancer Admissions	D1_01	Jan 14 - Dec 14	10.79	11.9	9.9	3.4	14.1	12.5	7.7	14.8	6.9	16.1	11.3	5.8	10.7	12.9	3.1	16.9	9.9	6.4	15.5	10.1
	Two Week Wait	D1_02	2014	0.4	0.5	0.5	0.6	0.5	0.4	0.4	0.4	0.5	0.4	0.5	0.5	0.4	0.6	0.6	0.4	0.4	0.5	0.3	0.5
	Diabetes BP Monitoring	D1_03	2013-14	0.79	0.8	0.7	0.9	0.8	0.6	0.7	0.9	0.9	0.9	0.7	0.8	0.8	0.8	0.9	0.9	0.6	0.9	0.8	0.7
	AF on anticoagulation	D1_04	2013-14	0.85	0.8	0.7	1.0	0.8	0.7	0.8	0.7	0.8	0.9	0.8	0.9	0.8	0.9	0.9	0.7	1.0	0.9	1.0	0.8
	Cervical Smears	D1_05	2013-14	0.82	0.8	0.9	0.9	0.8	0.8	0.8	0.9	0.8	0.7	0.8	0.8	0.8	0.9	0.9	0.9	0.9	0.9	0.8	0.8
	Health checks for mental illness	D1_06	2013-14	0.86	0.9	1.0	1.0	1.0	0.9	0.9	0.8	0.9	0.9	0.8	0.9	0.9	1.0	1.0	1.0	1.0	0.9	0.9	0.9
	Flu Vaccination (Over 65's)	D1_07	2013-14	0.73	0.7	0.7	0.0	0.6	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.7	0.8	0.7	0.8	0.7	0.8
	Flu Vaccination (at risk)	D1_08	2013-14	0.53	0.5	0.5	0.0	0.4	0.4	0.5	0.7	0.4	0.5	0.3	0.5	0.5	0.6	0.5	0.6	0.4	0.7	0.5	0.5
	AF Prevalance	D1_09	QOF Jan 14	1.18	1.2	1.2	1.3	1.1	1.4	1.7	1.4	1.0	0.0	1.2	1.3	0.8	1.2	1.7	0.9	1.1	1.3	1.0	1.4
	CHD Prevalance	D1_10	QOF Jan 14	0.71	1.0	0.9	0.7	0.8	1.0	1.0	0.9	0.9	0.4	0.9	0.9	0.8	0.8	1.0	0.9	1.0	0.6	0.8	0.8
	COPD Prevalance	D1_11	QOF Jan 14	0.62	0.9	0.8	0.5	0.5	0.9	0.7	0.7	0.5	0.8	0.7	0.6	0.6	0.8	1.2	1.1	0.7	0.6	0.9	0.6
	Asthma Prevalance	D1_12	QOF Jan 14	0.65	0.7	0.5	0.5	0.6	0.7	0.7	0.7	0.8	0.0	0.5	0.6	0.5	0.8	0.5	0.7	0.6	0.6	0.7	0.6
	Diabetes Prevalance	D1_13	QOF Jan 14	1.18	1.3	1.4	1.2	1.1	1.1	1.3	1.3	1.0	0.0	1.2	1.1	1.5	1.2	1.7	1.3	1.1	1.2	1.1	1.0
Domain 2: Enhancing Quality of life for people with LTCs	AF Prevalance	D2_1	QOF Jan 14	1.18	1.2	1.2	1.3	1.1	1.4	1.7	1.4	1.0	0.0	1.2	1.3	0.8	1.2	1.7	0.9	1.1	1.3	1.0	1.4
	CHD Prevalance	D2_2	QOF Jan 14	0.71	1.0	0.9	0.7	0.8	1.0	1.0	0.9	0.9	0.4	0.9	0.9	0.8	0.8	1.0	0.9	1.0	0.6	0.8	0.8
	COPD Prevalance	D2_3	QOF Jan 14	0.62	0.9	0.8	0.5	0.5	0.9	0.7	0.7	0.5	0.8	0.7	0.6	0.6	0.8	1.2	1.1	0.7	0.6	0.9	0.6
	Asthma Prevalance	D2_4	QOF Jan 14	0.65	0.7	0.5	0.5	0.6	0.7	0.7	0.7	0.8	0.0	0.5	0.6	0.5	0.8	0.5	0.7	0.6	0.6	0.7	0.6
	Diabetes Prevalance	D2_5	QOF Jan 14	1.18	1.3	1.4	1.2	1.1	1.1	1.3	1.3	1.0	0.0	1.2	1.1	1.5	1.2	1.7	1.3	1.1	1.2	1.1	1.0
	Emergency Admissions	D2_6	Jan 14 - Dec 14	91.37	114.0	109.1	60.1	87.1	96.0	122.6	112.0	82.6	119.4	97.4	87.1	101.9	90.7	72.2	103.9	102.1	98.5	76.5	80.8
	A&E Attendances	D2_7	Jan 14 - Dec 14	331.53	428.9	402.7	255.8	281.6	343.2	401.5	401.9	307.4	573.7	287.6	257.4	405.8	256.8	283.3	357.6	395.3	406.0	262.1	306.5
	CHD Admissions	D2_8	Jan 14 - Dec 14	7.95	13.8	11.5	6.0	12.6	9.1	14.2	10.7	4.4	31.7	12.4	9.7	14.8	10.6	22.9	10.0	10.4	10.5	12.5	14.4
	Asthma Admissions	D2_9	Jan 14 - Dec 14	1.95	1.9	2.3	2.0	0.3	2.3	4.1	1.0	1.0	4.5	3.0	1.0	5.6	1.3	1.7	4.6	2.2	2.6	1.7	0.7
	Diabetes Admissions	D2_10	Jan 14 - Dec 14	1.43	1.7	1.7	2.7	0.8	1.5	2.5	2.3	3.1	4.8	1.8	1.0	3.4	1.3	0.0	1.6	1.0	1.6	0.0	2.4
	COPD Admissions	D2_11	Jan 14 - Dec 14	12.88	18.4	15.9	2.5	12.6	12.5	27.2	20.4	23.8	29.2	12.4	20.5	13.3	11.0	17.6	17.5	17.4	29.3	16.4	9.6
	Dementia Admissions	D2_12	Jan 14 - Dec 14	2.96	3.6	0.0	0.0	0.0	4.4	0.0	3.5	4.2	0.0	2.7	2.1	3.4	2.0	0.0	3.6	2.4	6.9	0.0	2.6
	Diabetes Cholesterol monitoring	D2_13	2013-14	0.81	0.8	0.7	0.9	0.9	0.7	0.8	0.8	0.8	0.9	0.7	0.8	0.8	0.9	1.0	0.9	0.8	0.8	0.9	0.8
	Diabetes HbA1C monitoring	D2_14	2013-14	0.77	0.7	0.7	0.9	0.9	0.8	0.8	0.8	0.8	0.6	0.8	0.8	0.7	0.8	0.8	0.8	0.8	0.7	0.8	0.8
	CHD Cholesterol monitoring	D2_15	2013-14	0.83	0.7	0.7	0.9	0.9	0.7	0.8	0.9	0.9	0.9	0.9	0.8	0.8	0.8	0.9	0.9	0.7	0.9	0.8	0.9
	COPD Diagnosis	D2_16	2013-14	0.90	0.9	0.8	1.0	0.8	0.9	1.0	0.9	0.9	1.0	1.0	0.9	0.8	0.9	1.0	1.0	1.0	1.0	0.8	0.9
	Asthma Diagnosis	D2_17	2013-14	0.89	0.9	0.9	1.0	0.8	0.9	1.0	0.9	1.0	0.9	0.9	0.8	1.0	0.9	1.0	0.9	0.8	1.0	1.0	1.0
	Exception Rate	D2_18	2013-14	0.04	0.0	0.0	0.0	0.1	0.0	0.0	0.0	0.0	0.1	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Antidepressants	D2_19	Jan 14 - Dec 14	1.87	0.3	0.3	0.2	0.3	0.3	0.4	0.3	0.4	0.4	0.3	0.3	0.2	0.3	0.1	0.3	0.3	0.3	0.3	0.3
	Insulin Prescribing	D2_20	Jan 14 - Dec 14	0.82	0.9	1.0	0.9	0.8	0.7	0.7	0.8	0.9	1.0	0.9	0.9	0.9	0.9	1.0	0.9	0.9	0.9	0.7	0.8
	Ezetimibe Prescribing	D2_21	Jan 14 - Dec 14	0.03	0.0	0.0	0.0	0.0	0.0	0.0	0.1	0.0	0.1	0.0	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

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Domain	Indicator	Ind Ref	Period	National Value	Ancora Practice	Ashby Turn	Barnetby	Bridge Street	Cambridge Ave	Cedar Practice	Church Lane	Kirton Lindsey	Market Hill	Riverside	South Axholme	The Birches	Central Surgery	South Killingholme	Oswald Road	Trent View	West Common Lane	West Town	Winterton
	Assessment of Depression Severity	D2_22	2013-14	0.89	0.5	0.9	1.0	1.0	1.0	1.0	1.0	0.9	1.0	1.0	1.0	0.9	1.0	1.0	1.0	0.9	1.0	1.0	0.9
	SMI and a BP check	D2_23	2013-14	0.92	0.9	0.9	1.0	1.0	0.9	0.9	0.9	1.0	0.9	0.9	0.9	0.9	1.0	1.0	0.9	1.0	1.0	0.9	1.0
	SMI and a Cholesterol Check	D2_24	2013-14	0.81	0.8	0.8	1.0	1.0	0.7	0.8	1.0	0.9	0.9	0.8	0.9	0.9	0.9	0.0	1.0	1.0	0.9	0.9	1.0
	SMI and a BM Check	D2_25	Mar-15	0.86	0.9	0.8	0.9	1.0	0.8	0.9	1.0	0.9	0.9	0.9	0.9	0.9	0.9	0.0	1.0	1.0	0.9	0.8	0.9
Domain 3: Helping people to Recover from Illness or	AF on anticoagulation	D3_01	2013-14	0.85	0.8	0.7	1.0	0.8	0.7	0.8	0.7	0.8	0.9	0.8	0.9	0.8	0.9	0.9	0.7	1.0	0.9	1.0	0.8
	Flu Vaccination (at risk)	D3_02	2013-14	0.53	0.5	0.5	0.0	0.4	0.4	0.5	0.7	0.4	0.5	0.3	0.5	0.5	0.6	0.5	0.6	0.4	0.7	0.5	0.5
	Emergency Admissions	D3_03	Jan 14 - Dec 14	91.37	114.0	109.1	60.1	87.1	96.0	122.6	112.0	82.6	119.4	97.4	87.1	101.9	90.7	72.2	103.9	102.1	98.5	76.5	80.8
	A&E Attendances	D3_04	Jan 14 - Dec 14	331.53	428.9	402.7	255.8	281.6	343.2	401.5	401.9	307.4	573.7	287.6	257.4	405.8	256.8	283.3	357.6	395.3	406.0	262.1	306.5
	ACS Admissions	D3_05	Oct 13 - Sept 14	15.49	27.9	26.4	11.1	15.0	19.8	32.9	25.0	16.1	27.0	21.8	19.1	23.3	18.1	21.1	30.3	22.5	23.0	13.0	14.2
	Diabetes Retinal Screening	D3_06	2012-13	0.9	0.8	0.9	0.8	0.9	0.9	0.8	0.9	0.9	0.9	1.0	0.9	0.9	0.9	0.8	0.9	0.9	0.9	0.8	0.9
	Antibacterial prescribing	D3_07	Jan 14 - Dec 14	0.31	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.4	0.3	0.3	0.2	0.3	0.4	0.3	0.3	0.2	0.3	0.3
Domain 4: Ensuring People Have a Positive Experience of care	Patient Experience	D4_01	Jan-Mar & Jul-Sept 2014	0.85	0.8	0.8	1.0	0.9	0.9	0.9	0.8	0.9	0.9	0.9	0.9	0.8	0.7	0.9	1.0	0.7	0.9	0.9	0.9
	Getting through by phone	D4_02	Jan-Mar & Jul-Sept 2014	0.75	0.7	0.5	1.0	0.9	0.4	0.9	0.5	0.7	0.9	0.7	0.9	0.6	0.5	0.9	0.8	0.6	0.9	0.9	0.9
	Making an Appointment	D4_03	Jan-Mar & Jul-Sept 2014	0.75	0.6	0.7	1.0	0.9	0.6	0.9	0.6	0.7	0.8	0.8	0.9	0.7	0.5	0.9	1.0	0.6	0.9	0.8	0.9
Domain 5: Treating and Caring for People in a Safe Environment	Cancer Admissions	D5_01	Jan 14 - Dec 14	10.79	11.9	9.9	3.4	14.1	12.5	7.7	14.8	6.9	16.1	11.3	5.8	10.7	12.9	3.1	16.9	9.9	6.4	15.5	10.1
	Cephalosporins and Quinolones	D5_02	Jan 14 - Dec 14	0.05	0.1	0.1	0.1	0.1	0.0	0.1	0.1	0.1	0.0	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.0	0.1	0.1
	Hypnotics prescribing	D5_03	Jan 14 - Dec 14	0.32	0.7	0.1	0.3	0.2	0.3	0.6	0.2	0.4	0.2	0.2	0.2	0.4	0.2	0.1	0.4	0.3	0.1	0.3	0.2
	NSAIDS prescribing	D5_04	2013-14	0.72	0.6	0.6	0.5	0.6	0.5	0.6	0.7	0.6	0.8	0.4	0.6	0.6	0.6	0.6	0.6	0.7	0.7	0.6	0.6

Domain	Ancora Practice	Ashby Turn	Barnetby	Bridge Street	Cambridge Ave	Cedar Practice	Church Lane	Kirton Lindsey	Market Hill	Riverside	South Axholme	The Birches	Central Surgery	South Killingholme	Oswald Road	Trent View	West Common Lane	West Town	Winterton
Domain 1: Preventing people from dying prematurely	1.00	0.00	0.00	1.00	2.00	1.00	0.00	0.00	0.00	2.00	1.00	0.00	0.00	0.00	0.00	3.00	0.00	0.00	0.00
Domain 2: Enhancing Quality of life for people with LTCs	5.00	3.00	0.00	0.00	3.00	3.00	1.00	0.00	5.00	2.00	2.00	2.00	0.00	1.00	0.00	2.00	1.00	0.00	1.00
Domain 3: Helping people to Recover from Illness or Following Injury	2.00	1.00	0.00	0.00	0.00	1.00	1.00	0.00	1.00	1.00	0.00	0.00	1.00	0.00	1.00	1.00	0.00	0.00	0.00
Domain 4: Ensuring People Have a Positive Experience of care	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.00	0.00	0.00	0.00
Domain 5: Treating and Caring for People in a Safe Environment	2.00	2.00	1.00	1.00	1.00	2.00	0.00	1.00	0.00	1.00	1.00	0.00	1.00	0.00	0.00	0.00	0.00	0.00	0.00
Total All Domains	10.00	6.00	1.00	2.00	6.00	7.00	2.00	1.00	6.00	6.00	4.00	2.00	1.00	1.00	1.00	7.00	1.00	0.00	1.00
Total Practice Outliers (excls duplicates) *	9.00	6.00	1.00	2.00	5.00	6.00	2.00	1.00	5.00	4.00	3.00	2.00	1.00	1.00	1.00	5.00	1.00	0.00	1.00
Practice is an Outlier *	Yes	Yes	No	No	No	Yes	No	No	No	No	No	No	No	No	No	No	No	No	No

Note * A Practice may have outlying data points which are counted in more than one domain, but only trigger once. This number is therefore less than the sum of the domain totals.

CURRENT DOMAIN INDICATOR DETAILS

			Domain 1 - Preventing people from dying prematurely				
Indicator Short Name	**Indicator Full Description**	**Data Source**	**NOVEMBER 2014 Update: Indicator Period**	**January 2015 Update: Indicator Period**	**July 2015 Update: Indicator Period**	**Denominator**	**Unit of Measurement**
Emergency Cancer Admissions	Emergency cancer admissions per 100 patients on disease register	Numerator - HES	2013-14 Financial Year	Oct 2013 - Sept 2014	Jan - Dec 2014	Cancer Disease Register/100	Admissions per 100 on disease register
		Denominator - QOF	2013-14 Financial Year				
% new cancer cases referred on two week wait pathway	% new cancer cases referred on two week wait pathway	NCIN	2012-13 Financial Year		2014	All new cases refered	% new cases referred using two week pathway
DM003: % patients where last BP is 140/80 or less	DM 003: 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	QOF	2013-14 Financial Year			DM003 Denominator	% QOF Achievement
AF004: % AF patients on Anticoagulation	AF004: In those patients with atrial fibrillation whose latest record of a CHADS2 score is greater than 1, the percentage of patients who are currently treated with anti-coagulation therapy	QOF	2013-14 Financial Year			AF004 Denominator	% QOF Achievement
CS002: % patients with record of cervical smear	CS002: 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.	QOF	2013-14 Financial Year			CS002 Denominator + CS002 Exceptions	% QOF Achievement (including exceptions)
MH002: % patients with comprehensive care plan	MH002: 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.	QOF	2013-14 Financial Year			MH002 Denominator	% QOF Achievement
Flu Vaccinations - Over 65 Coverage	Uptake rates of GP patients aged 65 years and older of seasonal flu vaccine	ImmForm	2013-14 Winter Season			Registered List: Aged 65+	% Population Vaccinated
Flu Vaccinations - At risk coverage	Seasonal flu vaccine uptake in those aged 6 months to under 65 years in clinical risk groups	ImmForm	2013-14 Winter Season			At risk registered List: Aged between 6 months and 65 years	% Population Vaccinated
AF Prevalence Ratio	AF Prevalence Ratio	Numerator - QOF	2013-14 Financial Year	QOF extract of Jan-14 list size		AF Expected No. Patients (rebased to current QOF register population)	Prevalence Ratio
		Denominator - Doncaster PCT*	adjusted to January 2014 population				
CHD Prevalence Ratio	CHD Prevalence Ratio	Numerator - QOF	2013-14 Financial Year	QOF extract of Jan-14 list size		CHD Expected No. Patients (rebased to current QOF register population)	Prevalence Ratio
		Denominator - APHO*	adjusted to January 2014 population				
COPD Prevalence Ratio	COPD Prevalence Ratio	Numerator - QOF	2013-14 Financial Year	QOF extract of Jan-14 list size		COPD Expected No. Patients (rebased to current QOF register population)	Prevalence Ratio
		Denominator - APHO*	adjusted to January 2014 population				
Asthma Prevalence Ratio	Asthma Prevalence Ratio	Numerator - QOF	2013-14 Financial Year	QOF extract of Jan-14 list size		Ashtma Expected No. Patients (rebased to current QOF register population)	Prevalence Ratio
		Denominator - Doncaster PCT*	adjusted to January 2014 population				
Diabetes Prevalence Ratio	Diabetes Prevalence Ratio	Numerator - QOF	2013-14 Financial Year	QOF extract of Jan-14 list size		Diabetes Expected No. Patients (rebased to current QOF register population)	Prevalence Ratio
		Denominator - Doncaster PCT*	adjusted to January 2014 population				

* In calculation of prevelance ratios expected prevelance rates from the models listed have been applied to the 2011-12 QOF practice list sizes to produce an expected prevelance figure comparable to the reported prevelance

Domain 2 - Enhancing quality of life for people with LTCs							
Indicator Short Name	**Indicator Full Description**	**Data Source**	**NOVEMBER 2014 Update: Indicator Period**	**January 2015 Update: Indicator Period**	**June 2015 Update: Indicator Period**	**Denominator**	**Unit of Measurement**
AF Prevalence Ratio	AF Prevalence Ratio	Numerator - QOF	2013-14 Financial Year			AF Expected No. Patients (rebased to current QOF register population)	Prevalence Ratio
		Denominator - Doncaster PCT*	adjusted to January 2014 population	QOF extract of Jan-14 list size			
CHD Prevalence Ratio	CHD Prevalence Ratio	Numerator - QOF	2013-14 Financial Year			CHD Expected No. Patients (rebased to current QOF register population)	Prevalence Ratio
		Denominator - APHO*	adjusted to January 2014 population	QOF extract of Jan-14 list size			
COPD Prevalence Ratio	COPD Prevalence Ratio	Numerator - QOF	2013-14 Financial Year			COPD Expected No. Patients (rebased to current QOF register population)	Prevalence Ratio
		Denominator - APHO*	adjusted to January 2014 population	QOF extract of Jan-14 list size			
Asthma Prevalence Ratio	Asthma Prevalence Ratio	Numerator - QOF	2013-14 Financial Year			Ashtma Expected No. Patients (rebased to current QOF register population)	Prevalence Ratio
		Denominator - Doncaster PCT*	adjusted to January 2014 population	QOF extract of Jan-14 list size			
Diabetes Prevalence Ratio	Diabetes Prevalence Ratio	Numerator - QOF	2013-14 Financial Year			Diabetes Expected No. Patients (rebased to current QOF register population)	Prevalence Ratio
		Denominator - Doncaster PCT*	adjusted to January 2014 population	QOF extract of Jan-14 list size			
Emergency Admissions	Emergency admissions per 1,000 population	HES & NHS Comparators	2013-14 Financial Year	Oct 2013 - Sept 2014	Jan - Dec 2014	Registered Population (from NHS Comparators)/1000	Admissions per 1,000 registered population
A&E attendances	A&E attendances per 1,000 population	HES & NHS Comparators	2013-14 Financial Year	Oct 2013 - Sept 2014	Jan - Dec 2014	Registered Population (from NHS Comparators)/1000	Attendances per 1,000 registered population
Emergency CHD Admissions	Emergency CHD admissions per 100 patients on disease register	Numerator - HES	2013-14 Financial Year	Oct 2013 - Sept 2014	Jan - Dec 2014	CHD Disease Register/100	Admissions per 100 on disease register
		Denominator - QOF	2013-14 Financial Year				
Emergency Asthma Admissions	Emergency asthma admissions per 100 patients on disease register	Numerator - HES	2013-14 Financial Year	Oct 2013 - Sept 2014	Jan - Dec 2014	Asthma Disease Register/100	Admissions per 100 on disease register
		Denominator - QOF	2013-14 Financial Year				
Emergency Diabetes Admissions	Emergency diabetes admissions per 100 patients on disease register	Numerator - HES	2013-14 Financial Year	Oct 2013 - Sept 2014	Jan - Dec 2014	Diabetes Disease Register/100	Admissions per 100 on disease register
		Denominator - QOF	2013-14 Financial Year				
Emergency COPD Admissions	Emergency COPD admissions per 100 patients on disease register	Numerator - HES	2013-14 Financial Year	Oct 2013 - Sept 2014	Jan - Dec 2014	COPD Disease Register/100	Admissions per 100 on disease register
		Denominator - QOF	2013-14 Financial Year				
Emergency Dementia Admissions	Emergency dementia admissions per 100 patients on disease register	Numerator - HES	2013-14 Financial Year	Oct 2013 - Sept 2014	Jan - Dec 2014	Registered Population (from NHS Comparators)/1000	Admissions per 1,000 registered population
		Denominator - QOF	2013-14 Financial Year				
DM004: % of patients with cholesterol of 5 or less	DM004: 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	QOF	2013-14 Financial Year			DM004 Denominator	% QOF Achievement
DM008: % of patients with IFCC-HbA1c is 64 mmol/mol or less	DM008: 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	QOF	2013-14 Financial Year			DM008 Denominator	% QOF Achievement
CHD003: Patients with CHD with Cholesterol level of <5	CHD003: The percentage of patients with coronary heart disease whose last measured total cholesterol (measured in the preceding 12 months) is 5 mmol/l or less	QOF	2013-14 Financial Year			CHD003 Denominator	% QOF Achievement

Domain 2 - Enhancing quality of life for people with LTCs							
Indicator Short Name	Indicator Full Description	Data Source	NOVEMBER 2014 Update: Indicator Period	January 2015 Update: Indicator Period	June 2015 Update: Indicator Period	Denominator	Unit of Measurement
COPD002: Spirometry Achievement	COPD002: The percentage of patients with COPD (diagnosed on or after 1 April 2011) in whom the diagnosis has been confirmed by post bronchodilator spirometry between 3 months before and 12 months after entering on to the register	QOF	2013-14 Financial Year			COPD002 Denominator	% QOF Achievement
AST02: % patients with measures of variability and reversibility	AST002: The percentage of patients aged 8 or over with asthma (diagnosed on or after 1 April 2006), on the register, with measures of variability or reversibility recorded between 3 months before or anytime after diagnosis	QOF	2013-14 Financial Year			AST002 Denominator	% QOF Achievement
Overall Exception Rate	Overall Exception Rate	QOF	2013-14 Financial Year			Average Denominator + Exceptions across all QOF Clinical Indicators	% Exceptions
Antidepressants (selected) ADQ/Star Pu	Antidepressants (selected) ADQ/Star Pu (ADQ based)	NHSBSA Information Services Portal	2013-14 Financial Year		Jan - Dec 2014	STAR PU	ADQ per STAR PU
Long-acting Insulin Analogues	Long-acting Insulin Analogues	NHSBSA Information Services Portal	2013-14 Financial Year		Jan - Dec 2014	All Insulin Items	% Items
Ezetimibe as a proportion of all Lipid modifying drugs	Ezetimibe as a proportion of all Lipid modifying drugs	NHSBSA Information Services Portal	2013-14 Financial Year		Jan - Dec 2014	All Lipid Modifying Items	% Items
Depression assessment of severity.	DEP001: The percentage of patients aged 18 or over with a new diagnosis of depression in the preceding 1 April to 31 March, who have had a bio-psychosocial assessment by the point of diagnosis. The completion of the assessment is to be recorded on the same day as the diagnosis is recorded	QOF	2013-14 Financial Year			Dep 001 Denominator	% QOF Achievement
Severe Mental Illness with a record of Blood Pressure	MH003: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months	QOF	2013-14 Financial Year			MH003 Denominator	% QOF Achievement
Severe Mental Illness and aged over 40 who have a record of Total Cholesterol: HDL ratio	MH004: The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of total cholesterol:hdl ratio in the preceding 12 months	QOF	2013-14 Financial Year			MH004 Denominator	% QOF Achievement
Severe Mental Illness and aged over 40 who have a record of blood glucose or HbA1c	MH005: The percentage of patients aged 40 or over with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood glucose or HbA1c in the preceding 12 months	QOF	2013-14 Financial Year			MH005 Denominator	% QOF Achievement

Domain 3 - Helping people to recover from episodes of ill health or following injury							
Indicator Short Name	Indicator Full Description	Data Source	NOVEMBER 2014 Update: Indicator Period	January 2015 Update: Indicator Period	June 2015 Update: Indicator Period	Denominator	Unit of Measurement
AF004: % AF patients on Anticoagulation	AF004: In those patients with atrial fibrillation whose latest record of a CHADS2 score is greater than 1, the percentage of patients who are currently treated with anti-coagulation therapy	QOF	2013-14 Financial Year			AF004 Denominator	% QOF Achievement
Flu Vaccinations - At risk coverage	Seasonal flu vaccine uptake in those aged 6 months to under 65 years in clinical risk groups	ImmForm				At risk registered List: Aged between 6 months and 65 years	% Population Vaccinated
Emergency Admissions	Emergency admissions per 1,000 population	HES & NHS Comparators	2013-14 Financial Year	Oct 2013 - Sept 2014	Jan - Dec 2014	Registered Population (from NHS Comparators)/1000	Admissions per 1,000 registered population
A&E attendances	A&E attendances per 1,000 population	HES & NHS Comparators	2013-14 Financial Year	Oct 2013 - Sept 2014	Jan - Dec 2014	Registered Population (from NHS Comparators)/1000	Attendances per 1,000 registered population
Emergency ACS Admissions	Emergency admissions for 19 ACS conditions per 1,000 population	HES & NHS Comparators	2013-14 Financial Year	Oct 2013 - Sept 2014	Jan - Dec 2014	Registered Population/1000	Admissions per 1,000 registered population
DM011: % patients with diabetes with a record of retinal screening	DM011: The percentage of patients with diabetes, on the register, who have a record of retinal screening in the preceding 12 months	QOF	2013-14 Financial Year			DM011 Denominator	% QOF Achievement
Antibacterial Items/Star Pu	Antibacterial Items/Star Pu	NHSBSA Information Services Portal	2013-14 Financial Year		Jan - Dec 2014	STAR PU	Items per STAR PU

Domain 4 - Ensuring people have a positive experience of care							
Indicator Short Name	Indicator Full Description	Data Source	NOVEMBER 2014 Update: Indicator Period	January 2015 Update: Indicator Period	June 2015 Update: Indicator Period	Denominator	Unit of Measurement
Overall experience of GP surgery	Overall experience of GP surgery	GP Patient Survey	Practice report (July 2014 publication) Contains aggregated data collected from Jul-Sept 2013 and Jan-Mar 2014	Jan-Mar 2014 & Jul-Sep 2014		No. Respondents to question	% Good
Ease of getting through to someone at GP surgery on the phone	Ease of getting through to someone at GP surgery on the phone	GP Patient Survey	Practice report (July 2014 publication) Contains aggregated data collected from Jul-Sept 2013 and Jan-Mar 2014	Jan-Mar 2014 & Jul-Sep 2014		No. Respondents to question excluding those who responded 'Haven't tried'	% Easy
Overall experience of making an appointment	Overall experience of making an appointment	GP Patient Survey	Practice report (July 2014 publication) Contains aggregated data collected from Jul-Sept 2013 and Jan-Mar 2014	Jan-Mar 2014 & Jul-Sep 2014		No. Respondents to question	% Good

Domain 5 - Treating and caring for people in a safe environment and protecting them from avoidable harm							
Indicator Short Name	Indicator Full Description	Data Source	NOVEMBER 2014 Update: Indicator Period	January 2015 Update: Indicator Period	June 2015 Update: Indicator Period	Denominator	Unit of Measurement
Emergency Cancer Admissions	Emergency cancer admissions per 100 patients on disease register	Numerator - HES	2013-14 Financial Year		Jan - Dec 2014	Cancer Disease Register/100	Admissions per 100 on disease register
		Denominator - QOF	2013-14 Financial Year				
Cephalosporins & Quinolones % Items	Cephalosporins & Quinolones % Items	NHSBSA Information Services Portal	2013-14 Financial Year		Jan - Dec 2014	Antibiotic Items	% Items
Hypnotics ADQ/Star Pu	Hypnotics ADQ/Star Pu	NHSBSA Information Services Portal	Oct 2013 - June 2014		Jan - Dec 2014	STAR PU	ADQ per STAR PU
NSAIDs Ibuprofen & Naproxen % Items	NSAIDs Ibuprofen & Naproxen % Items	NHSBSA Information Services Portal	2013-14 Financial Year		Jan - Dec 2014	NSAIDs Items	% Items

Primary Care Development Dashboard - Other Measures(Those Reported Currently)

		List Size	Dementia March 15	GP Patient Survey: Experience				Secondary Care Utilisation Rate per 1000 (Red highlights above average)			Patient Safety	Workforce	
			Dementia Diagnosis Rate*	Composite Measure: 5 selected questions in the GP survey on quality of appts at the practice*	Would you describe your overall experience of your GP surgery as very good/fairly good?*	Would you describe your overall experience of making an appointment as very good/fairly good?*	Practice Friends & Family Test % would recommend (Results not shown if less than 5 responses)	GP Referrals Month 2 15/16	A&E Attendances Month 5 15/16	Non-Elective Admissions Month 5 2015/16	Infection Control**	WTE GP's per 1000 patients**	WTE Nurse's per 1000 patients**
South Axholme Practice	B81043	14658	60.2%	452.04	91.5%	86.0%	80%	29	103	32			
Trent View Medical Practice	B81065	11759	65.9%	382.75	67.9%	45.3%	84%	28	145	38			
South Killingholme Surgery	B81648	1231	83.9%	433.51	88.2%	85.3%	100%	24	113	24			
Central Surgery Barton	B81005	16665	54.7%	395.81	73.5%	54.7%	56%	28	101	30			
West Town Surgery	B81647	2935	37.9%	460.17	93.5%	87.7%	NO DATA	18	101	29			
Winterton Medical Practice	B81007	9715	49.9%	442.42	89.3%	86.7%	94%	21	113	31			
Bridge Street Surgery	B81063	6619	55.4%	458.76	96.1%	94.3%	NO DATA	27	99	32			
Kirton Lindsey Surgery	B81099	5556	60.3%	431.14	79.3%	66.0%	<5	25	122	30			
Riverside Surgery	B81109	12211	45.8%	443.18	85.1%	81.6%	93%	27	109	34			
Barnetby Medical Centre	B81628	2976	34.9%	456.03	92.0%	95.6%	<5	26	96	24			
Market Hill Medical Practice	Y02787	5281	80.8%	410.03	84.4%	72.8%	75.00%	37	311	51			
The Birches Medical Practice	B81617	9078	65.2%	418.72	85.6%	69.0%	100%	41	199	47			
Church Lane Medical Centre	B81064	8732	55.9%	434.40	78.6%	56.2%	NO DATA	28	153	42			
Ashby Turn Primary Care Centre	B81045	12549	71.1%	444.14	76.7%	65.9%	87%	29	169	44			
Cambridge Avenue Medical Centre	B81022	14840	64.8%	438.33	89.0%	55.7%	85%	34	144	40			
Cedar Medical Practice	B81113	6349	61.5%	462.52	91.7%	86.3%	100%	23	164	45			
Ancora Medical Practice	B81026	17713	69.4%	451.00	77.4%	58.5%	91%	29	180	48			
The Oswald Road Medical Centre	B81090	4524	69.3%	446.39	91.2%	85.0%	89%	31	169	40			
West Common Lane Teaching Practice	B81118	7881	90.1%	471.75	94.3%	88.7%	95%	35	245	59			
TARGET/AVERAGE				66.7%	436.26	83.7%	72.4%		28.4	149.2	37.9			
CCG Total/Average			171272										

KEY TO TABLE

NL LSP Strategic Areas

Axholme
Barton & Winterton
Brigg & Wolds
Scunthorpe North
Scunthorpe South

* Form part of the CCG's Assurance Framework and Corporate Performance position

** In development - To follow from Quality Team

Values in Red are higher than CCG average.

Primary Care Development Dashboard - Local Measures

TO BE DEVELOPED		List Size											
South Axholme Practice	B81043	14658								■	■	■	■
Trent View Medical Practice	B81065	11759								■	■	■	■
South Killingholme Surgery	B81648	1231								■	■	■	■
Central Surgery Barton	B81005	16665								■	■	■	■
West Town Surgery	B81647	2935								■	■	■	■
Winterton Medical Practice	B81007	9715								■	■	■	■
Bridge Street Surgery	B81063	6619								■	■	■	■
Kirton Lindsey Surgery	B81099	5556								■	■	■	■
Riverside Surgery	B81109	12211								■	■	■	■
Barnetby Medical Centre	B81628	2976								■	■	■	■
Market Hill Medical Practice	Y02787	5281								■	■	■	■
The Birches Medical Practice	B81617	9078								■	■	■	■
Church Lane Medical Centre	B81064	8732								■	■	■	■
Ashby Turn Primary Care Centre	B81045	12549								■	■	■	■
Cambridge Avenue Medical Centre	B81022	14840								■	■	■	■
Cedar Medical Practice	B81113	6349								■	■	■	■
Ancora Medical Practice	B81026	17713								■	■	■	■
The Oswald Road Medical Centre	B81090	4524								■	■	■	■
West Common Lane Teaching Practice	B81118	7881								■	■	■	■
TARGET/AVERAGE													
CCG Total/Average		171272											

KEY TO TABLE

NL LSP Strategic Areas

Axholme
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** In development - To follow from Quality Team

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