

JOINT COMMISSIONING COMMITTEE

MEETING DATE:	14 January 2016
AGENDA ITEM NUMBER:	Item 8.1
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, Practice Profiles 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 2) 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 2) have not been updated since July 2015; the next update will be in January 2016.

Where Practices have six outliers or more GP Practice action plans are produced, supported by the CCG and NHS England which shows measurable and achievable targets with realistic timescales. When the data is updated in January a follow up meeting will be arranged if the Practices are still outliers.

The Unwarranted Variation project has developed by using the Primary Care Web Tool assisted by using other tools and intelligence available from Public Health quilts, RAIDR and care network profiles. Atrial Fibrillation has been identified as an area that the CCG has variation by GP Practice; this work is on-going.

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 (Part 2). Part 3 of the report has been quality assured by the Yorkshire & Humber CS Business Intelligence team.

4. IMPACT ON RISK ASSURANCE FRAMEWORK:

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

Yes		No	x
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6. LEGAL IMPLICATIONS:

Yes		No	x
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7. RESOURCE IMPLICATIONS:

Yes		No	x
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8. EQUALITY IMPACT ASSESSMENT:

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

Yes		No	x
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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

Part 1

Practice Profiles - From Primary Care Web Tool

Practice Profiles have previously been circulated and are available upon request

Part 2

Primary Care Dashboard - NHS England Indicators

Sourced from the Primary Care Web Tool showing practice level indicators as assessed by NHSE - Unchanged from October meeting

The web tool is due to be updated in January with the latest time period of data available

Shows against benchmark where available

Indicator descriptions have now been added to the dashboard

Part 3

Performance Measures

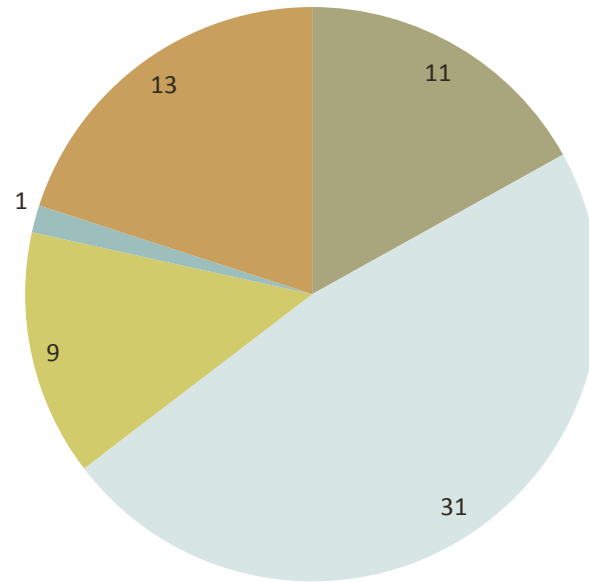
Currently Reported

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.

Primary Care Development Dashboard - NHS England Indicator Summary

Triggers by Domain

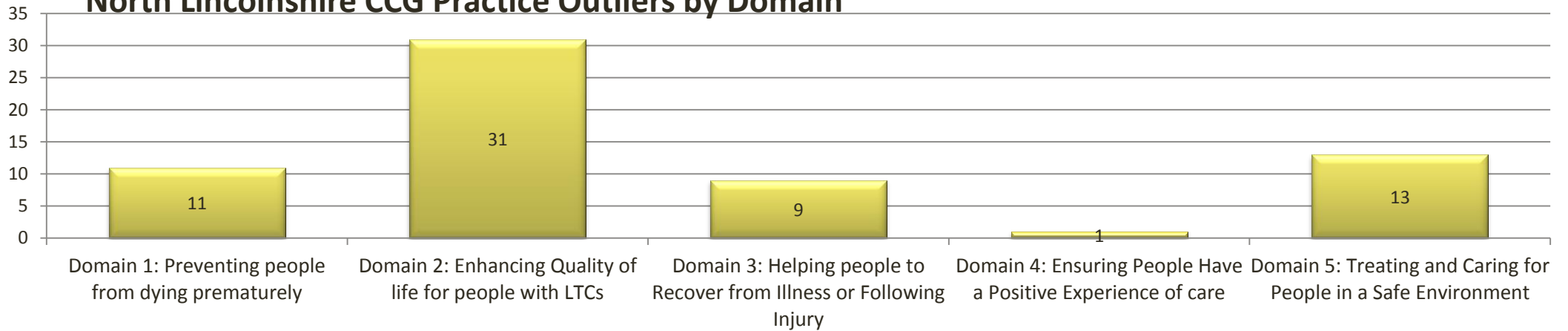


- Domain 1: Preventing people from dying prematurely
- Domain 2: Enhancing Quality of life for people with LTCs
- Domain 3: Helping people to Recover from Illness or Following Injury
- Domain 4: Ensuring People Have a Positive Experience of care
- Domain 5: Treating and Caring for People in a Safe Environment

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 monitoring	2013-14	4
	CHD Prevalance	QOF Jan 14	6
	COPD Admissions	Jan 14 - Dec 14	4
	ACS Admissions	Oct 13 - Sept 14	5
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.

Standard error of the mean estimates the variability between samples whereas standard deviation measures the variability within a single sample. I have asked NHS England for a clear guide on why they calculate errors rather than deviations.

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	Indicator Description	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	Emergency cancer admissions per 100 patients on disease register	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	% new cancer cases referred on two week wait pathway	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	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	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	0.9	0.6	0.9	0.8	0.7
	AF on anticoagulation	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	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	0.9	0.7	1.0	0.9	1.0	0.8
	Cervical Smears	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.	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	0.9	0.8	0.8
	Health checks for mental illness	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.	2013-14	0.86	0.9	1.0	1.0	1.0	0.9	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)	Uptake rates of GP patients aged 65 years and older of seasonal flu vaccine	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	0.7	0.8	0.7	0.8	0.7	0.8
	Flu Vaccination (at risk)	Seasonal flu vaccine uptake in those aged 6 months to under 65 years in clinical risk groups	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	0.6	0.4	0.7	0.5	0.5
	AF Prevalance	AF Prevalance Ratio	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	CHD Prevalance Ratio	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	COPD Prevalance Ratio	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	Asthma Prevalance Ratio	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	Diabetes Prevalance Ratio	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	Indicator	Indicator Description	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 2: Enhancing Quality of life for people with LTCs	AF Prevalance	AF Prevalance Ratio	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	CHD Prevalance Ratio	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	COPD Prevalance Ratio	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	Asthma Prevalance Ratio	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	Diabetes Prevalance Ratio	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	Emergency admissions per 1,000 population	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	A&E attendances per 1,000 population	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	Emergency CHD admissions per 100 patients on disease register	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	Emergency asthma admissions per 100 patients on disease register	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	Emergency diabetes admissions per 100 patients on disease register	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	Emergency COPD admissions per 100 patients on disease register	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	Emergency dementia admissions per 100 patients on disease register	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	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	2013-14	0.81	0.8	0.7	0.9	0.9	0.7	0.8	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	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	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	0.8	0.7	0.9	0.8
	CHD Cholesterol monitoring	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	2013-14	0.83	0.7	0.7	0.9	0.9	0.7	0.8	0.9	0.9	0.9	0.9	0.9	0.8	0.8	0.8	0.9	0.9	0.7	0.9	0.8	0.9
	COPD Diagnosis	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	2013-14	0.90	0.9	0.8	1.0	0.8	0.9	1.0	0.9	0.9	1.0	1.0	1.0	0.9	0.8	0.9	1.0	1.0	1.0	1.0	0.8	0.9
	Asthma Diagnosis	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	2013-14	0.89	0.9	0.9	1.0	0.8	0.9	1.0	0.9	1.0	0.9	0.9	0.9	0.8	1.0	0.9	1.0	0.9	0.8	1.0	1.0	1.0
	Exception Rate	Overall Exception Rate	2013-14	0.04	0.0	0.0	0.0	0.1	0.0	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	Antidepressants (selected) ADQ/Star Pu (ADQ based)	Jan 14 - Dec 14	1.87	0.3	0.3	0.2	0.3	0.3	0.4	0.3	0.4	0.4	0.4	0.3	0.3	0.2	0.3	0.1	0.3	0.3	0.3	0.3	0.3
	Insulin Prescribing	Long-acting Insulin Analogues	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	0.9	1.0	0.9	0.9	0.9	0.7	0.8
	Ezetimibe Prescribing	Ezetimibe as a proportion of all Lipid modifying drugs	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	0.1	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
	Assessment of Depression Severity	The percentage of patients aged 18 or over with a new diagnosis of depression, 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	2013-14	0.89	0.5	0.9	1.0	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	The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a record of blood pressure in the preceding 12 months	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	0.9	1.0	1.0	0.9	1.0	1.0	0.9	1.0
	SMI and a Cholesterol Check	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	2013-14	0.81	0.8	0.8	1.0	1.0	0.7	0.8	1.0	0.9	0.9	0.9	0.8	0.9	0.9	1.0	1.0	1.0	0.9	0.9	0.9	1.0
	SMI and a BM Check	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	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	0.9	0.0	1.0	1.0	0.9	0.8	0.9

Domain	Indicator	Indicator Description	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 3: Helping people to Recover from Illness or Following Injury	AF on anticoagulation	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	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)	Seasonal flu vaccine uptake in those aged 6 months to under 65 years in clinical risk groups	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	Emergency admissions per 1,000 population	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	A&E attendances per 1,000 population	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	Emergency admissions for 19 ACS conditions per 1,000 population	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	The percentage of patients with diabetes, on the register, who have a record of retinal screening in the preceding 12 months	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	0.9	0.8	0.9
	Antibacterial prescribing	Antibacterial Items/Star Pu	Jan 14 - Dec 14	0.31	0.3	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
	Patient Experience	Overall experience of GP surgery	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	0.9	0.8	0.7	0.9	1.0	0.7	0.9	0.9	0.9
Domain 4: Ensuring People Have a Positive Experience of care	Getting through by phone	Ease of getting through to someone at GP surgery on the phone	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	Overall experience of making an appointment	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	Emergency cancer admissions per 100 patients on disease register	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	Cephalosporins & Quinolones % Items	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	Hypnotics ADQ/Star Pu	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	NSAIDs Ibuprofen & Naproxen % Items	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 Level Outlier Counts

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	0.00	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 (excl 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.

Primary Care Development Dashboard - Other Measures

		Dementia March 15	GP Patient Survey: Experience					Secondary Care Utilisation Rate per 1000 (Red highlights above average)			Patient Safety	Workforce	
	List Size As at Oct 15	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 6 15/16	A&E Attendances Month 8 15/16	Non-Elective Admissions Month 8 2015/16	Infection Control**	WTE GP's per 1000 patients**	WTE Nurse's per 1000 patients**	
South Axholme Practice	B81043	14679	60.2%	452.04	91.5%	86.0%	80%	113	137	887			
Trent View Medical Practice	B81065	11741	65.9%	382.75	67.9%	45.3%	84%	98	239	794			
South Killingholme Surgery	B81648	1230	83.9%	433.51	88.2%	85.3%	100%	89	170	50			
Central Surgery Barton	B81005	16630	54.7%	395.81	73.5%	54.7%	56%	91	106	882			
West Town Surgery	B81647	2991	37.9%	460.17	93.5%	87.7%	NO DATA	63	95	153			
Winterton Medical Practice	B81007	9743	49.9%	442.42	89.3%	86.7%	94%	73	198	557			
Bridge Street Surgery	B81063	6648	55.4%	458.76	96.1%	94.3%	NO DATA	99	165	414			
Kirton Lindsey Surgery	B81099	5594	60.3%	431.14	79.3%	66.0%	<5	96	153	309			
Riverside Surgery	B81109	12298	45.8%	443.18	85.1%	81.6%	93%	95	178	742			
Barnetby Medical Centre	B81628	2971	34.9%	456.03	92.0%	95.6%	<5	99	164	134			
Market Hill Medical Practice	Y02787	5297	80.8%	410.03	84.4%	72.8%	75.00%	91	407	367			
The Birches Medical Practice	B81617	9227	65.2%	418.72	85.6%	69.0%	100%	114	273	613			
Church Lane Medical Centre	B81064	8767	55.9%	434.40	78.6%	56.2%	NO DATA	89	259	640			
Ashby Turn Primary Care Centre	B81045	12533	71.1%	444.14	76.7%	65.9%	87%	86	268	950			
Cambridge Avenue Medical Centre	B81022	14733	64.8%	438.33	89.0%	55.7%	85%	102	229	1017			
Cedar Medical Practice	B81113	6398	61.5%	462.52	91.7%	86.3%	100%	81	260	499			
Ancora Medical Practice	B81026	17777	69.4%	451.00	77.4%	58.5%	91%	86	281	1358			
The Oswald Road Medical Centre	B81090	4514	69.3%	446.39	91.2%	85.0%	89%	109	259	322			
West Common Lane Teaching Practice	B81118	7854	90.1%	471.75	94.3%	88.7%	95%	77	254	542			
TARGET/AVERAGE			66.7%	436.26	83.7%	72.4%		92.2	215.6	591.1			
CCG Total/Average		171625											

Key

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.