



Office for Health  
Improvement  
& Disparities

# **National General Practice Profiles: Frequently Asked Questions**

Published 07 December 2021

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# 1. What are National General Practice Profiles?

National General Practice Profiles are a set of more than 150 general practice level indicators that have been developed for practices across England. The indicators currently cover practice population, life expectancy, deprivation, patient satisfaction, the Quality and Outcomes Framework (QOF), cancer service, child health, antibiotic prescribing and many more.

## 2. Who produces the Profiles?

The National General Practice Profiles are produced by the Office for Health Improvement and Disparities, led by Digital Innovation and Data Science and with contributions from other teams.

## 3. Why is my practice not included?

In order to be included in the Profiles, practices now have to meet the following criteria:

- Practice code exists in QOF (2020/21) AND practice list size in QOF is > 750

OR

- Practice code is in Open Exeter (April 2021) AND Open Exeter practice list size is >750 AND the practice has valid data in the GP patient survey 2021).

For details please see [Rules of Inclusion and Included Practices](#)

## 4. How can I find my GP Practice?

There is an area search box on the [Introduction page](#). You can search for a single practice by typing in its name, ODS code or the postcode of the address, at which it is registered. If you are not sure of the full postcode, you can use only the first part of the postcode (e.g. NW1) to identify all practices in the area. Search results are shown as a list and also as pins on the map. To see data for the practice of interest, click on the practice name in the list (or a pin on the map).

The same area search is accessible from [within the tool](#), when the data view (top left menu) is set to 'Map'. Alternatively, you can use the geography selector in the grey area at the top of the tool. From there, set the 'Area type' to GP, 'Area grouping' to CCG or PCN; then choose the CCG or PCN of interest and the practice of interest.

## 5. Why do the Profiles show intervention rates instead of achievement scores?

In line with other PHE products, the National GP Profiles show the intervention rate where the denominator includes all the patients to whom the indicator applies regardless of

exceptions (or, since 2019/20, Personalised care adjustments (PCAs)) instead of the underlying achievement because, from a public health perspective, we are more interested in the actual proportion of patients receiving the intervention, i.e. the proportion of all patients with a condition who were treated. The [HSCIC](#) (p.16, downloaded on 23 November 2020) stated this point: "Percentage of patients receiving the intervention gives a more accurate indication of the rate of the provision of interventions as the denominator for this measure covers all patients to whom the indicator applies, regardless of exception status."

We consider this also to be the better comparable indicator because, while there are very good reasons why a patient might not be treated (such as terminal illness), a generous interpretation of exception/PCA rules can also be used to improve practice performance.

The tool is intended to highlight variation and encourage conversation about causes of variation and whether it is warranted or not. We are not suggesting that every practice should or can achieve a 100% intervention rate for every indicator - clearly there are patients for whom it would not be desirable to be included. However, it is clear that there is unwarranted variation in Exception/PCA rates as well as rates vary considerably, and the data is not available for us to make adjustments.

Triangulation with other sources of primary care data such as the National Diabetes Audit (NDA) supports this approach. For those QOF indicators which match NDA indicators, a higher degree of correlation was found with intervention rates than with achievement scores, so intervention rates seem a better measure of true performance.

## 6. What comparisons can I make?

Comparisons can be made with practices in the same CCG, PCN, STP and England. First, in the geography menu, select the area type (e.g. GP) and the relevant grouping option (e.g. CCG). By default, benchmark is set to England, but you can change it to match the area grouping option selected. To do that, click on the 'Benchmark' option below the main menu and choose a different comparator.

## 7. Why are there many types of CCGs?

Health geographies change frequently, e.g. CCG mergers typically come into force every April. To accommodate these changes and align data years with geography years, the Profiles include generations of CCGs. For example, when most recent data come from 2019/20 but the CCG version is set to '(from Apr 2021)', users would not see indicator values for NHS Barking and Dagenham CCG because it ceased to exist in March 2021. Unless there is a good reason not to, Fingertips always shows the most recent generation of an area type but if you cannot find the CCG of interest, it may be that you need to select a different CCG generation.

Where CCG values are provided, the Profiles display the published figures. For indicators and time periods where CCG values are not readily available, CCGs have been calculated and pre-loaded into the Profiles wherever possible. This saves time and helps to make the tool more responsive. Many CCG values are now displayed with an indication of statistical significance using the same colourings as elsewhere in the tool.

## **8. Why is my Primary Care Network (PCN) not listed?**

Since 2019, groups of GP practices have built Primary Care Networks (PCNs). PCNs are still changing quite frequently and care must be taken when looking at PCN values, to be clear which practices are assumed to be contributing to the PCN value.

GP-to-PCN lookup in Fingertips is updated twice a year, therefore it is possible that the tool contains a more recent version than that published at source. To avoid a situation where indicator values are potentially based on a different set of practices than those shown in the tool (as belonging to a given PCN), Fingertips does not show the original PCN values but calculates them based on the current lookup table. Reference to the lookup version used is provided on the [introduction page](#) of the Profile and included in the area label.

## **9. Why does the timeline in the Trends view differ between indicators?**

The charts show the trend for a current indicator over as many years as it has been included in the Profiles, which is up to twelve years. However, many indicators do not have such a long timeline because they are new in a technical sense, due to substantial changes in the definition. In those cases, trends are only displayed for the most recent period that is consistent enough to allow comparison over time.

## **10. How should the National General Practice Profiles be used?**

Feedback suggests that the Profiles are helpful tools for decision making at all levels. They seem to be especially useful in giving practice staff a clear overview of the practice and an insight into the possible health needs of the population the practice serves.

When examining practice-level data, it is important to understand the context, to compare the practice with others, possibly to triangulate the information with local sources and not to jump to conclusions too quickly. While, as a starting point, we recommend the Spine charts, available from the 'Area profiles' view, it may be also helpful to check other data views when interpreting the Profiles.

## **11. Can I choose my GP based on this data?**

The Profiles provide a wide range of information at a practice level and so may well be of use in choosing whether to register at a particular practice. However, the Profiles have not been designed for this purpose and a great deal of care needs to be taken when examining the data. Some of the other answers in these FAQs highlight the challenges of data interpretation. There are many other factors that are not in the Profiles, but which should be taken into consideration when choosing a practice.

## **12. A practice is an outlier for a lot of indicators (blue); what does this mean?**

The colour of the blobs on the Spine chart, available from the 'Area profiles' view, denotes statistical significance and suggests that it is worth seeking an explanation as to why there is a difference compared with the national mean. It does not imply that being different is wrong (also see: 13. Why are QOF indicators not age standardised).

## **13. Why are QOF indicators not age standardised?**

QOF data only includes, in very few cases and only very roughly, information regarding the age of the patients. It is therefore impossible to age-standardise the data.

This is important to remember when interpreting the data because the age distribution of the practice populations can have a strong effect on the results, e.g. a low prevalence of an age-related condition (e.g. COPD) may well be caused by a very young practice population and needn't mean that the disease is particularly rare in the area among the age groups that are usually affected by it.

## **14. Why is the England average near to the top of the range for many indicators?**

Some QOF indicators have a very skewed distribution, with the majority of practices attaining close to the maximum available for a given indicator. This means that the average (arithmetic mean) for practices across England is also close to the maximum and, therefore, is not in the middle of the range.

## **15. Why do some indicators have blue or yellow blobs and others have blobs in shades of one colour?**

The circles/blobs which you can see on the Spine charts (available from the 'Area profiles' view) represent the practice value. For many indicators it is possible to calculate the window of certainty around a value (the range between the confidence limits). Where confidence limits are available the value may be statistically significantly different from the mean or not. If the value is not significantly different, then blobs are coloured yellow; if it is, then blobs are blue.

If we cannot determine statistical significance, we can still rank the values and put them into groups. When no good-bad judgement is appropriate, we apply five shades of blue (from darkest for the lowest 20% of values to the lightest shade for the top 20%). Five shades of purple (darkest = worst) are applied when a judgement is possible.

## **16. Some indicators seem to be missing for my practice**

There may be several reasons for this:

- Publication of small numbers or rates derived from small numbers of person-identifiable data sources such as Hospital Episode Statistics (HES) is not permitted and, therefore, any such values have been suppressed,
- Some practices may not have submitted data, or the data is not in the published data source for another reason, e.g., due to technical problems QOF had only data for about half of the practices in NHS Kernow CCG for 2018/19,
- Life expectancy could not be calculated if the source data was missing for one or more of the small areas that contribute to the practice's catchment area. Consequently, indicators that couldn't be updated due to missing new input data have not been calculated for newly added practices.

## **17. Can I print the whole Profile?**

There are no printable reports associated with the GP Profiles. We recommend looking at the Profiles online which provides better insights than a print due to a wide variety of displays and comparisons.

If a hard-copy is the only meaningful solution for you, we suggest to use Data view > Area profile and the feature: More options > Download image for the Topic(s) of interest and to assemble the images into a document.

## **18. Has COVID-19 affected the GP Profiles?**

Covid-19 has strongly influenced the life of everybody and changed the work of GP practices in many aspects. Data could be obtained for 2020/21 for the indicators shown in the GP Profiles. However, from these sources it cannot yet be said with certainty to which degree the indicators show an effect on the health of the population, where procedures or behaviours have changed and what the longer-term consequences will be.

## **19. Where can I find more information?**

If these FAQs don't give you the information you are looking for, a National GP user guide and a file explaining in detail which practices are in-/excluded and why can be found on the [Introduction page](#).

Metadata for all indicators can be found on Data views > Definitions in the Profiles. From

these links to the source data can be used to find out further details from the original data providers.

[Technical guidance](#) and help with methodological questions is also available via the link on the Fingertips tool and there are several other resources explaining the features and functionality of Fingertips in more general terms.

There is little GP-level data in other Fingertips Profiles that is not also shown in the National GP Profiles, however [Local Health](#) also contains small area data that can be of interest for Primary Care-related questions.

For specific questions please contact [ProfileFeedback@phe.gov.uk](mailto:ProfileFeedback@phe.gov.uk) .



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