

Data sources for undertaking quality improvement

Organised by country: [England](#) [Scotland](#) [Wales](#) [Northern Ireland](#)

England

Data source	Information contained	How it can be used	How can it be accessed and by whom?
Primary care webtool (NHS England)	Comparative data for every GP Practice in England on approximately 72 quality markers. It includes prevention from dying prematurely, long term conditions, recovering from illness or injury, patient experience, and preventing harm.	Benchmarking, identifying Clinical Commissioning Group (CCG) outliers.	Accessible by anyone with an nhs.net email address.
Atlas of variation	Variations in achievement against quality markers for specific diseases or patient groups	Not broken down by practice – but by CCG. It supports the search for unexplained variation, helping clinicians to understand what is going on in their area and where to focus attention to improve the care they provide.	
National GP survey	Patient satisfaction – 29+ questions.	Can be used for benchmarking against other practices or national/CCG averages.	Public access.
Friends and Family	Patient experience. Feedback tool on whether patients would recommend practice. Additional free text comments can be collated by each practice but are not fed back to this website.	Measure for improvement. If a practice decides to tackle an issue related to patient experience it can be used to monitor success.	Public access.
QOF database	Results for all practices on the England Quality and Outcomes Framework (QOF) markers.	Can be used for benchmarking against CCG, area team, regional and national averages.	Public access.

England continued ...

Prescribing data (from Information Services Portal)	Practice-based prescribing data for benchmarking.	Can be used for benchmarking.	Need to register for access and the registration needs to be 'approved' by another GP at the practice or by the practice manager.
Prescribing data (from Open Prescribing)	Can compare prescribing by CCG and practices within a CCG. It can look at individual drugs, sections of the BNF or various prescribing indicators.	Benchmarking / to generate improvement ideas.	Public access.
NHS choices	Patient experience, long term conditions.	Benchmarking / use of narrative feedback to give ideas for improvement (especially themes).	Public access. The data can be accessed under Find Local Services, GP and then entering your post code.
My NHS	Patient experience, long term conditions. Similar data to NHS Choices.	Benchmarking / to generate improvement ideas.	Public access.
Public Health England National General Practice Profiles	250 indicators including QOF data, GP patient survey, ethnicity, deprivation, admission rates. It also includes data about cancer incidence, prevalence, screening rates, use of two-week-wait referrals, mode of diagnosis, cancers diagnosed as an emergency, etc.	Benchmarking / to generate improvement ideas.	Public access.
The Health and Social Care Information Centre (HSCIC)	Collects, analyses and presents national health and social care data.	It contains information and analytical tools.	Public access.
National Diabetes Audit	Report one contains care processes and treatment targets from primary care. It only includes data from practices who opted in to data extraction	Benchmarking / to generate improvement ideas.	Public access.

Scotland

Data source	Information contained	How it can be used	How can it be accessed and by whom
ISD data (Information Service Division)	The data shows, by practice population, the gender, the age group and deprivation status. Some of this data can also be obtained from your practice software but trends are available on this website.	This can be useful for planning a service for a particular group of patients within your practice. Also if your practice population is changing, it can clarify this trend.	Free public access.
SPIRE (Scottish Primary Care Information Resource)	This service aims to be rolled out at the end of 2014/15. It aims to provide primary care data to improve care and safeguard the quality of care.	In development.	
SPARRA (Scottish Patients at Risk of Readmission and Admission)	This is a risk prediction tool which predicts an individual's risk of being admitted to hospital as an emergency inpatient within the next year. It can be used to identify patients for whom to create an anticipatory care plan for the purposes of QOF.	Used to target those patients that may benefit from an anticipatory care plan.	Sent out by health boards to practices.
Scottish Public Health Observatory	The 'Health and well-being charts' give data by local authority or health board, including life expectancy, behaviours, ill-health and injuries, mental health, social care and housing, education, economy, crime, environment, women's and children's health, immunisations and screening.	Could be useful in planning changes in health and social integration.	Free public access.
PRISMS (Prescribing Information System for Scotland)	GPs can receive information on their prescribing through this system. Often it can be provided by a local prescribing advisor or pharmacist.	SPA level 2 analysis for GPs, trainees and nurse prescribing. Other reports include generic savings, antimicrobial reports, including HEAT indicators. Individual searches can be created for specific drugs.	Free. One GP per practice has access via a PC with a unique username and password assigned.

Scotland continued ...

PIS (Prescribing Information System)	Allows you to link prescriptions with Community Health Index (CHI) numbers.	Can now look at prescribing relating to age, sex, etc.	At present being used by health boards and community health partnerships' (CHP) pharmacists.
SCI gateway (Scottish Care Information)	You can access information on your referrals by speciality and/or referrer through SCI on your practice system. This information may also be provided by your health board or CHP.	Can look at variations between doctors in referrals or in changes in your referral pattern.	Using your practice system.
Admissions data	This information is usually provided by your health board or CHP.	Can observe significant trends in emergency admissions.	Provided by health board or CHP.
QOF calculator	The practice's prevalence for QOF conditions is available through the practice software but the calculator also shows how it compares with the national figures.	Useful for benchmarking performance and prevalence against Scottish averages.	Accessed by practice-held password.

Wales

Data source	Information contained	How it can be used	How can it be accessed and by whom
QOF annual output Welsh Government	Results for all practices on the Wales Quality and Outcomes Framework (QOF) markers.	Access a series of downloadable spreadsheets from the statistics section of the Welsh Government website. Can be used for benchmarking against GP Clusters, area team, regional and national averages. Built on practice code.	Public access.
Public Health Wales Observatory	GP Cluster Profiles by local health board. Developing GP practice peer grouping. Atlas of variation on specific topics.	A range of other demographical cantered publications.	Public access.
All Wales clinical governance practice self-assessment tool	Self-assessment of maturity against 51 matrices.	Practice-submitted data available from health boards and Public Health Wales (PHW), Primary Care Quality.	Individual practice, health boards and PHW have access to submitted data.
Welsh clinical communications gateway	Records of practices referral to secondary care.	You can access information on your referrals by speciality and/or referrer through SCI on your practice IT system.	Via the practice; no central portal; Wales Intranet for more information.
Data quality system	Series of clinical care and data quality modules.	Examples of modules covering flu immunisation, enhanced service support, CHF AF, diabetes anticoagulation. New modules can be developed on request but must satisfy requirements of governance group.	Available at all but 3 practices in Wales. Central repository access to sponsor of module Wales intranet.
SAIL databank	A range of information including general medical practices who have signed up - around 50% of practices in Wales.		Swansea University CHIRL. Applications considered.

<p>PRISMATIC</p>	<p>This is a risk prediction tool which predicts an individual's risk of being admitted to hospital as an emergency inpatient within the next year.</p>	<p>PRISMATIC is a research study to investigate the effects of introducing a new predictive risk model (Prism) into GP practices. The study compares quality of patient care and use of health services between GP practices with and without Prism.</p> <p>The PRISMATIC study is taking place across Wales, but focusing on the Abertawe Bro Morgannwg University Health Board (ABM UHB) area. All practices in ABM UHB have been invited to take part in the study.</p> <p>This Swansea University-led study will provide evidence about the effects on patient care and resources following Prism use across the ABM UHB.</p> <p>The study will use Prism data, hospital data, patient questionnaires and feedback from practice and health board staff to address the key objectives.</p>	<p>Available in specific practices.</p>
<p>CASPAR</p>	<p>Prescribing information.</p>	<p>Review prescribing activity at doctor and practice level.</p>	<p>Local health board prescribing advisor.</p>
<p>Admissions data Patient Episode Data Wales (PEDW)</p>	<p>This information is usually provided by your health board/NHS Wales Informatics Service (NWIS).</p>	<p>Can observe significant trends in emergency admissions.</p>	<p>Provided by health board.</p>
<p>National Diabetes Audit</p>	<p>Report one contains care processes and treatment targets from primary care. It only includes data from practices who opted in to data extraction.</p>	<p>Benchmarking / to generate improvement ideas.</p>	<p>Public access.</p>

Northern Ireland

Data source	Information contained	How it can be used	How can it be accessed and by whom?
<p>Quality and Outcomes Framework (QOF)</p>	<p>Information for all practices on the Northern Ireland QOF. The data contains the total number of points achieved; the total payment each practice received; and a breakdown of how much each practice achieved in each of the clinical and non-clinical domains.</p>	<p>Access is via a series of downloadable spreadsheets from the statistics section of the DHSSPSNI website. Data can be used for benchmarking against local commissioning group (LCG) areas and integrated care partnership (ICP) areas.</p>	<p>Public access.</p>
<p>Continuous household survey (CHS)</p>	<p>The CHS is one of the largest continuous surveys carried out in Northern Ireland. The survey is designed, conducted and analysed by the Central Survey Unit of NISRA. It is based on a sample of the general population resident in private households and has been running since 1983. The survey is designed to provide a regular source of information on a wide range of social and economic issues relevant to Northern Ireland.</p>	<p>This gives national data which if you collected for your own practice you could use as a comparison.</p>	<p>Public access.</p>
<p>Summary practice profile</p>	<p>QOF register prevalence and specific outcome data.</p>	<p>Each year, each GP practice receives a practice specific report, outlining their achievements against each QOF indicator, what the average outcome is for Northern Ireland and where they are ranked. A trends analysis measures and compares their performance with previous years.</p>	<p>Provided annually to each GP practice by the Directorate of Integrated Care, HSCB.</p>

<p>Prescription cost analysis</p>	<p>Number quantity and gross ingredient cost of each product dispensed by community pharmacists, appliance suppliers and dispensing doctors in Northern Ireland. Information is available at Northern Ireland level for each calendar year from 2000; and at LCG level from 2011; and is provided by product and BNF classification.</p>	<p>Practices can compare their prescribing with others and hence benchmark their activity.</p>	<p>Public access via Business Services Organisation (BSO) website.</p>
<p>COMPASS Reports</p>	<p>COMPASS is a prescribing information system developed to provide GPs with feedback on their prescribing (COMPASS prescribing report). This is supplemented with evidence-based advice on the use of medicines (COMPASS Therapeutics Notes) provided to GPs and pharmacists. Reports are produced on a quarterly basis at Health and Social Care Board (regional board level), LCG and GP practice level.</p>	<p>The COMPASS report provides a tool to monitor cost-effective prescribing. The report provides an overview of prescribing; identifies potentially high cost areas; encourages generic prescribing; discourages over-prescribing of specific medications, e.g. benzodiazepines; and demonstrates potential financial savings. Can be used for benchmarking and generating improvement ideas.</p>	<p>Reports are not available to the public. GP Practices are sent these reports every quarter from BSO.</p>
<p>Out-patient and emergency admission data</p>	<p>Out-patient and emergency admission data compared against locality, area and regional rates.</p>	<p>Enables review of admission rates.</p>	<p>Provided annually to each practice by the Directorate of Integrated Care, HSCB.</p>
<p>Complex co-morbidity data</p>	<p>Identifies patients with complex co-morbidity cross-referenced by hospital admission.</p>	<p>Enables practices to identify patients with complex co-morbidity. Enables practices to identify patients with recurrent admissions for review.</p>	<p>Provided annually to each GP practice by the Directorate of Integrated Care, HSCB.</p>
<p>Patient experience data</p>	<p>Results from patient engagement surveys.</p>	<p>Measure for improvement.</p>	<p>Data collected by practice and results kept within practice.</p>

<p>Northern Ireland Longitudinal Study (NILS)</p>	<p>NILS has been formally available to researchers since the end of 2006. NILS comprises two major data linkage studies: the NILS and the Northern Ireland Mortality Study (NIMS). These were developed by the Northern Ireland Statistics and Research Agency (NISRA) and are maintained and managed by them as a resource for research.</p>	<p>The data here is largely used for research.</p>	<p>Data is accessed by an application to NILS.</p>
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