

PERFORMANCE AREA: CLINICAL CARE

Objective 1	Indicator	Source	Ind No.
General health & preventative medicine	% over 75s having health check in last 6 months	MIQUEST	1.1
	% having NHS health checks (ages 40-74) within last 5 years	MIQUEST	1.2
	Smoking Cessation (% smokers who have been offered smoking cessation advice or treatment in last 12 months)	MIQUEST	1.3
	Alcohol consumption (% of new patients registering with practice in previous 12 months having an AUDIT-C score of 8 or more recorded, who are offered an intervention)	MIQUEST	1.4
	BMI Reduction (Percentage of patients aged 18 or over with any BMI reading ≥ 30 in the last 12 months who have had any weight reduction intervention).	MIQUEST	1.5
	Immunisations for Influenza (% of those in clinical risk groups, including pregnant women, receiving flu immunisation since August 2016)	MIQUEST	1.6
	Childhood Influenza Immunisations (% 2-4 year olds having flu vaccinations in previous 12 months)	MIQUEST	1.7
	Immunisations for Children (% under-5s who have received their age-relevant immunisations)	MIQUEST	1.8a
	Immunisations for Babies (% babies at 6 months who have received their age-relevant immunisations)	MIQUEST	1.8b

PERFORMANCE AREA: CLINICAL CARE (Continued)

Objective 2	Indicator	Source	Ind No.
Management of long-term conditions	Dementia Care (% patients with dementia for whom an annual dementia care review has been recorded within the previous 12 months)	MIQUEST	2.1a
	Diabetes management (% diabetes patients (types 1 and 2) aged 18 or over for whom nine specified checks are accomplished in the previous 12 months)	MIQUEST	2.2
	Initial care of mental health conditions (% patients with new diagnosis of a mental health condition (schizophrenia, bipolar, psychosis, and depression) with a post-diagnostic review between 10 and 56 days later).	MIQUEST	2.3
	Ongoing care of mental health conditions (% patients with serious mental health conditions (including schizophrenia, psychosis, bipolar, depression) for whom an annual dementia care review has been recorded within the last 12 months).	MIQUEST	2.4a
	Heart disease care (% patients with coronary heart disease in whom the last blood pressure reading (measured in the preceding 12 months) is 140/90 mmHg or less).	MIQUEST	2.5
	COPD Care (care plan) - % patients on COPD register who have an agreed care plan whose medication is in accordance with MRC grading.	MIQUEST	2.6a
	COPD Spirometry - % patients on COPD register with evidence of a spirometry reading within the previous 24 months.	MIQUEST	2.6b
	COPD care medication - % patients on COPD register whose medication is in accordance with NICE guidelines.	MIQUEST	2.6c
	Lifestyle of people with long term conditions: of people with diabetes, COPD, mental health (serious including depression), ischaemic heart disease, dementia: % patients with review in the last year for whom BMI, alcohol, smoking have been recorded and exercise advice given	MIQUEST	2.7

PERFORMANCE AREA: CLINICAL CARE (Continued)

Objective 3	Indicator	Source	Ind No.
Clinical management	<p>Availability of enhanced services: “Does your practice provide the following enhanced services, led by a trained professional?” Click “yes” to all provided Diabetes; Respiratory conditions; Palliative care & pain; Learning disabilities; Heart disease & anti-coagulation; Mental health; Minor surgery; Dermatology; Substance misuse; Smoking cessation; Immunisation; Family planning</p>	Checklist completion in PROMES tool	3.1
	<p>Medication review (Of patients on at least four repeat medications, the percentage for whom there has been a medication review in the previous 12 months)</p>	MIQUEST	3.2
	<p>Audits in last quarter: 7 questions rated from 0 to 4.</p> <p>How many audits have been conducted in the practice in the previous 6 months? (4 = 4 or more) To what extent have audit cycles been planned for the next year? (0= Not at all to 4=Fully) To what extent have useful recommendations arisen from these? (0= Not at all to 4=Fully) To what extent have recommendations been followed up on? (0= Not at all to 4=Fully) What is the breadth of the topics of audits conducted in the previous year? (0 = no audits to 4 = a wide range of audits including both clinical and non-clinical issues) To what extent have the results been shared with the wider team (including outside the practice where relevant)? (0= Not at all to 4=Fully) How frequently do you check the safety of your prescribing? (0 = never, 1 = annually, 2 = quarterly, 3 = weekly/monthly, 4 = daily)</p>	Checklist completion in PROMES tool	3.3

PERFORMANCE AREA: CLINICAL CARE (Continued)

Objective 3 (continued)	Indicator	Source	Ind No.
Clinical management	<p>Safeguarding: the extent to which key vulnerable groups are identified, and have particular policies associated with them.</p> <p>For each of the following groups: Children on child protection registers Patients with learning difficulties Dementia Patients Patients with severe mental health difficulties Isolated & housebound patients Homeless patients Drug & alcohol addicts Child carers Palliative care patients Refugees Those on deprivation of liberties register Those on an at-risk register Domestic violence victims</p> <p>Have they</p> <ul style="list-style-type: none"> A) been identified on specific lists? = 1 point B) been identified on specific lists and there are specific procedures in place (e.g. relating to prevention, identification, care, referral, training of staff where appropriate) to assist with their safeguarding? = 2 points 	<p>Checklist completion in PROMES tool</p>	<p>3.4</p>
	<p>DNAs (Proportion of appointments made that patients do not attend) Calculate the percentage of appointments coded as DNA in the that month.</p>	<p>Practice records</p>	<p>3.5</p>

PERFORMANCE AREA: PRACTICE MANAGEMENT

Objective 4	Indicator	Source	Ind No.
Effective use of IT systems	<p>Use of IT tools (14 yes/no questions)</p> <p>Do you use evidence-based risk stratification tools to target at risk groups? Do more than 10% of your patients have online access to their records? Do you offer access to clinicians beyond face-to-face and telephone appointments? Do you belong to a local IT group (e.g. EMIS Local Users' Group)? Do you utilise the clinical system for recall? Do you use electronic prescribing? Do you use electronic repeat dispensing? Are you uploading additional information to the NHS Spine? Do you use text messaging to remind patients about appointments? Do you communicate with patients about their specific clinical issues via email or other electronic means? Do you have an active system where electronic notes are organised and reviewed? Have you completed your IG toolkit to the minimum standard (level 2)? Where appropriate, does the practice send all its referrals electronically? Do you use a Summary Care Record?</p>	Checklist completion in PROMES tool	4.1
	<p>Use of paperless systems (6 yes/no questions);</p> <p>How many of the following non-paper-based systems does your practice use? Referrals Clinical Pathology results Electronic discharge Out of hours Mobile IT solutions Pre-appointment tools for patients to inform staff of their health issues.</p>	Checklist completion in PROMES tool	4.2

PERFORMANCE AREA: PRACTICE MANAGEMENT (Continued)

Objective 5	Indicator	Source	Ind No.
Good Physical Environment	<p>Appropriate environment in consulting rooms (checklist of five items).</p> <p>An observational audit of all consulting rooms needs to be carried out. For each, five things are checked:</p> <ul style="list-style-type: none"> - Does the room contain the basic necessary equipment? - Is the room appropriately clean, tidy and uncluttered? - Does the room provide a comfortable environment for patients (and carers if appropriate)? - Is the room conducive to confidential discussions? - Would a chaperone be available if desired? <p>Each room would be given a score between 0 and 5 depending on how many of these were achieved. The score entered is the average across all consulting rooms.</p>	<p>Visual inspection</p>	<p>5.1</p>
	<p>Compliance to Disability Discrimination Act (checklist of 6 items) Enter Yes or No.</p> <ul style="list-style-type: none"> - GROUNDS, PUBLIC OR COMMON AREAS free from obstacles. (Even if the grounds around your premises are not practice-owned) - ACCESS TO MAIN ENTRANCE suitable for people with disabilities. - DOORWAYS suitable for wheelchair users. - RECEPTION/WAITING AREAS suitable for people with disabilities, - TOILETS • Are the toilets accessible, both in terms of getting to and using them? - EASE OF COMMUNICATION WITH STAFF Your premises should make it as easy as possible for disabled people to communicate with your staff. Practice staff should show awareness of the needs and sensitivities of people with hearing impairments. For example in situations where it is not reasonable to install an induction loop, staff should make the effort to communicate in other ways, such as exchanging written notes 	<p>Checklist completion in PROMES tool</p>	<p>5.2</p>

PERFORMANCE AREA: PRACTICE MANAGEMENT (Continued)

Objective 6	Indicator	Source	Ind No.
Motivated and effective practice team	Proportion of staff attending team meetings (of those who should be attending/available to attend) Meetings should include any clinical, business and/or administrative meetings at which staff should be attending	Practice records	6.1
	Proportion of clinical staff with training needs met. Number of training needs addressed divided by number of training needs identified and agreed in previous appraisal or by other mechanisms to meet practice/NHS requirements. (Includes training etc. which has been booked or in progress; also includes mandatory training) Includes GPs (salaried and partners) Relevant means training that is relevant to the role within the practice and/or CPD	Practice records	6.2
	Proportion of non-clinical staff with training needs met As above.	Practice records	6.3
	Staff retention (% staff from 12 months ago who are still in post) (Excludes secondments/temporary posts that were due to finish during the 12 months)	Practice records	6.4
	Staff Well-being (% working days lost to unplanned absence)	Practice records	6.5
	Quality of team working	Short questionnaire to practice staff	6.6

PERFORMANCE AREA: PRACTICE MANAGEMENT (Continued)

Objective 7	Indicator	Source	Ind No.
Good overall practice management	Staff appraisals (% staff who have had an appraisal or equivalent performance review in past 12 months)	Practice records	7.1
	<p>Learning from complaints: five yes/no questions</p> <p>Have complaints been discussed in practice/team meetings? Have you completed an annual review of complaints? Have you identified themes and trends in complaints? Have you changed practice as a result of this process? Have you shared learning with any external organisations?</p>	Practice records	7.2
	<p>Workforce planning: four yes/no questions</p> <p>Which of the following elements have you considered as part of a workforce plan developed or updated in the last six months? Succession planning (e.g. retirement, solo operators) Changes in practice population Movement of services from secondary care Skill mix (including training needs to address gaps & potential future needs)</p>	Checklist completion in PROMES tool	7.3
	<p>Financial management: six yes/no questions</p> <p>Which of the following activities have you undertaken? Reconciliation of claims due in the previous month? Monitoring income and expenditure budgets (in the previous month)? Cashflow forecast (in the previous month)? Financial penalties for late returns/supplier payments (in the previous month)? (NOTE: 0 = yes, 1 = no) Processes to ensure no fraudulent activity (e.g. dual responsibility for signing off)? Annual accounts reviewed by partners?</p>	Checklist completion in PROMES tool	7.4

PERFORMANCE AREA: PRACTICE MANAGEMENT (Continued)

Objective 7 (Continued)	Indicator	Source	Ind No.
Good overall practice management	<p>Management of significant events: Five yes/no questions</p> <p>Have significant events been discussed in practice/team meetings? Have you completed an annual review of significant events? Have you identified themes and trends in significant events? Have you changed practice as a result of this process? Have you shared learning with any external organisations?</p>	Checklist completion in PROMES tool	7.5
Good overall practice management	<p>Reviewing practice procedures or services to reflect changing needs or demographics in the practice population. Five Yes/ No questions.</p> <p>In the last three months, have you reviewed practice procedures or services to reflect changing needs or demographics in the practice population? As a result of a review, have you in the last 12 months offered new clinical services or removed unnecessary ones? As a result of a review, have you in the last 12 months introduced new methods of communicating with patients? As a result of a review, have you in the last 12 months introduced new management procedures? As a result of a review, have you in the last 12 months made changes to practice personnel?</p>	Checklist completion in PROMES tool	7.6

PERFORMANCE AREA: PATIENT FOCUS

Objective 8	Indicator	Source	Ind No.
High patient satisfaction with services	Percentage of patients willing to recommend practice	Enter your Friends and Family Test Score	8.1
	Patient satisfaction with (reception) staff	Paper based Question administered with FFT	8.2

Objective 9	Indicator	Source	Ind No.
Ease of access & ability to book appointments	Hours of clinical appointments per 1000 patients per week	Practice records	9.1
	How many clinical hours per 1000 patients per week? Add up the total number of hours of available clinical appointments in a week (averaging over a month if it changes by the week), multiply by 1000, and divide by the number of patients on the practice list.		
	% patients waiting more than 15 minutes past appointment time	Practice records	9.2
	% patients satisfied with booking system	Paper based Question administered with FFT	9.3

PERFORMANCE AREA: EXTERNAL FOCUS

Objective 10	Indicator	Source	Ind No.
Partnership working	<p>% attendance at MDT meetings</p> <p>% invited participants attending meetings over previous 3 months. Number of attendees divided by number invited multiplied by 100.</p>	Meeting minutes	10.1
	<p>Working with different partners.</p> <p>Which of the following external partners has the practice engaged with in the last three months? By engagement we mean having dialogue to improve patient care or participating in MDT meetings Social services, Mental Health Services, Housing, District Nursing, Voluntary and community services (e.g. Age UK), Other general practices, Other local authority services (e.g. benefits, schools), CCG, Palliative care, School nurses, Health visitors, Midwives, Learning disability services, Secondary care.</p>	Checklist completion in PROMES tool	10.4

PERFORMANCE AREA: EXTERNAL FOCUS (Continued)

Objective 11	Indicator	Source	Ind No.
Engagement with public	<p>Enabling Involvement:</p> <p>Number of meetings with PPG/PRG in last quarter</p>	Practice records	11.1
	<p>Resourcing of the PPG/PRG: three yes/no questions</p> <p>Is there dedicated practice staff time to support the running of PPG meetings? Do you enable PPG to use your resources to communicate with members of the practice population e.g distribution list, IT facilities, stationery? Is the PPG representative of the practice population eg. Age, disability, gender, ethnicity?</p>	Checklist completion in PROMES tool	11.2
	<p>Learning from PPG/PRG: five yes/no questions</p> <p>Have the issues raised in PPG meetings been discussed with practice management? Has an annual review of PPG issues been completed? Have you identified themes and trends in issues? Have you changed practice as a result of this process? Have you shared learning with the PPG?</p>	Checklist completion in PROMES tool	11.3
	<p>Practice staff outreach to the public:</p> <p>Amount of time staff spend in face to face contact with the public at appropriate external groups (e.g. schools). Enter number of face to face contacts. If more than 10 contacts, enter 10.</p>	Practice records	11.4

PERFORMANCE AREA: EXTERNAL FOCUS (Continued)

Objective 11 (Continued)	Indicator	Source	Ind No.
<p>Engagement with public</p>	<p>Outreach and partnerships with local population and community: six yes/no questions</p> <p>Do you make practice facilities available for patient peer support activities e.g. management of long term conditions? Do you work with local community groups to share knowledge and expertise on management of specific conditions? Do practice staff facilitate information sessions on health issues in community? Do you share your objectives and priorities with local groups and individuals? Are practice staff linked to local organisations to enable shared understanding of local health need? Does the practice hold open days?</p>	<p>Checklist completion in PROMES tool</p>	<p>11.5</p>
	<p>Use of various access routes to communicate with public: four yes/no questions</p> <p>Newsletters, facebook, twitter, Text messaging, Notices in public places (e.g. libraries)</p>	<p>Checklist completion in PROMES tool</p>	<p>11.6</p>

OPTIONAL INDICATORS

Objective 12	Indicator	Source	Ind No.
Management of Long term conditions	Dementia (Benefits review) % patients with dementia who have a recorded assessment of their benefits within the previous 12 months.	MIQUEST	O2.1b
	Dementia (Carers) % Patients with dementia in receipt of support from a carer.	MIQUEST	O2.1c
	Dementia (Nutritional Assessment) % patients with dementia that have a recorded nutritional assessment in the last 12 months.	MIQUEST	O2.1d
	Ongoing mental health conditions (suicide risk) % patients with serious mental health conditions (including schizophrenia, psychosis, bipolar) for whom an assessment of suicide risk has been recorded within the previous 12 months.	MIQUEST	O2.4b
	Ongoing mental health conditions (General health check) % patients with serious mental health conditions (including schizophrenia, psychosis, bipolar) for whom a general health check has been recorded within the previous 12 months.	MIQUEST	O2.4c
	Ongoing mental health conditions (mental health crisis plan) % patients with serious mental health conditions (including schizophrenia, psychosis, bipolar) for whom a mental health crisis plan has been recorded within the previous 12 months.	MIQUEST	O2.4d
	Ongoing mental health conditions (care plan) % patients with serious mental health conditions (including schizophrenia, psychosis, bipolar) for whom a care plan has been recorded within the previous 12 months.	MIQUEST	O2.4e

OPTIONAL INDICATORS (Continued)

Objective 12 (Continued)	Indicator	Source	Ind No.
Partnership Working	Social assessment and prescribing: consultations assess for social and economic issues affecting wellbeing as well as clinical issues	Practice records	O10.2
	Health and work: proportion of consultations that pick up on occupational or underemployment related sickness, ill-health and provide support, treatment and/or referral to other agencies.	-	O10.3
	Systems to enable patients to be active partners in their health.	Checklist completion in PROMES tool	O12.1

Please contact Anna Rigby-Brown if you have any queries.

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