

# Data Provision Notice

## For Individual GP Level Data

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**Information and technology**  
**for better health and care**

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## Important note

This 'Individual GP Level Data' collection was previously referred to as the 'GP Insight Data', 'GP metrics' and 'individual GP metrics' collection. These latest two name changes (that is: from 'GP metrics' to 'GP Insight Data' and from 'GP Insight Data' to 'Individual GP Level Data') took place after the date that the Department of Health (DH) issued the direction to NHS Digital to establish and operate a system for the collection and analysis of these data. This direction is known as the GP metrics direction and it still applies regardless of the two subsequent name changes that followed this direction being accepted by the NHS Digital Board.

For the purposes of this Data Provision Notice, the direction that forms the legal basis for this data collection is referred to as the GP metrics direction and the data collection itself is referred to as Individual GP Level Data.

## Background

The [Health and Social Care Act 2012 \(the Act\)](#)<sup>1</sup> gives the Health and Social Care Information Centre, also known as [NHS Digital](#) and hereafter referred to by this name, statutory powers, under section 259(1), to require data from health or social care bodies, or organisations that provide health or adult social care in England, where it has been directed to establish an information system by DH (on behalf of the Secretary of State) or NHS England.

These data, as specified by NHS Digital in this published Data Provision Notice, are required to support the GP metrics direction, which DH has issued to NHS Digital. Organisations that are in scope of the notice are legally required, under section 259(5) of the Act, to provide these data in the form and manner specified below.

## Purpose of the collection

The [Government's mandate to NHS England for 2017-18](#)<sup>2</sup> includes a 2017-18 deliverable to work with NHS Digital and DH to provide General Practitioners (GPs) and general practices with information on the care provision for their patients. To support this deliverable, DH has directed NHS Digital to collect clinical data for a given set of metrics at individual GP level (see [Appendix A: List of agreed metrics](#)) and report these data back to GPs and general practices only. GPs and general practices will receive non-identifiable data for their own patients, as well as comparative Clinical Commissioning Group (CCG) level and national level data; they will not receive any identifiable data. Data for patients from other general practices will only be provided in the form of this comparative CCG level and national level information. **These data that are reported back to GPs and general practices will not be published or shared with any other individual or organisation.**

Individual GP Level Data supports 'objective 6: to improve out-of-hospital care' in the Government's mandate to NHS England for 2017-18, which itself supports the delivery of the [NHS Five Year Forward View](#)<sup>3</sup> and a seven-day NHS. It also falls under the 'transforming

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<sup>1</sup> <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted>

<sup>2</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/601188/NHS\\_Mandate\\_2017-18\\_A.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/601188/NHS_Mandate_2017-18_A.pdf)

<sup>3</sup> <https://www.england.nhs.uk/ourwork/futurenhs/>



general practice' and 'out of hospital care and integration with social care' Domains of the [National Information Board \(NIB\) Framework](#)<sup>4</sup>, which aims to support delivering the NHS Five Year Forward View.

The two collections and disseminations of data for Individual GP Level Data, as outlined in the GP metrics direction and in this Data Provision Notice, is a pilot that will explore the feasibility in collecting and reporting data at individual GP level across the entire general practice estate. Based on learning from this pilot, DH and NHS Digital will work with the relevant stakeholders to agree strategic objectives and define the requirements to potentially iterate the pilot solution to a full operational service.

## Benefits of the collection

The purpose of these data collections is to test the feasibility of collecting individual GP data, to test data quality, and dissemination back to GPs and their practices. This is part of the work to deliver individual GP-level metrics and will inform future development.

It is expected that providing GPs and general practices with metrics at the individual GP level will help them to review the quality of care and outcomes for their patients. These data may also be used to stimulate peer-to-peer conversations and support general practices in overseeing, reviewing and continuously improving the quality of care that GPs provide for their named patients through peer review and appraisal.

These metrics are similar to those published at [general practice level on My NHS](#)<sup>5</sup>, which follows a [report by the Health Foundation in October 2015](#)<sup>6</sup> that made recommendations to DH on quality indicators within general practice in England. The Individual GP Level Data metrics, where possible, focus on patients for whom the most impact could be achieved in terms of GPs assessing the way in which care is planned and provided.

DH anticipates this data collection being a helpful tool for GPs and their general practices to consider and use to support continuous improvement. It is intended that GPs and general practices use these data as part of their day-to-day assessments undertaken on the quality of care that they provide to their patients.

## Data returned to GPs and general practices

NHS Digital is currently working on developing the mechanism for returning these data to GPs and general practices. Therefore, a further communication, detailing exactly what GPs and general practices will need to do to access their data, will be sent to general practices in due course. This communication is expected to be sent in December 2017.

It is anticipated that these data will be presented in the form of a Portable Document Format (PDF) report, which will include data for each GP who is allocated as a 'usual GP' for registered patients within a general practice.

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<sup>4</sup> <https://www.gov.uk/government/organisations/national-information-board>

<sup>5</sup> <https://www.nhs.uk/service-search/scorecard/results/1171?metricGroupId=0&radiusInMile=400>

<sup>6</sup> <http://www.health.org.uk/publication/indicators-quality-care-general-practices-england>

## Legal basis for the collection, analysis, publication and dissemination

NHS Digital has been directed by DH under section 254 of the Act to establish and operate a system for the collection and analysis of the information specified for Individual GP Level Data. This direction was [accepted by the NHS Digital Board on 7 September 2016](#)<sup>7</sup>; the signed copy of this direction is published on the [gov.uk website](#)<sup>8</sup>.

**In line with section 259(5) of the Act, all general practices in England must comply with the requirement and provide information to NHS Digital in the form, manner and period specified in this Data Provision Notice.** This information is required by NHS Digital under section 259(1) of the Act. This Notice is issued in accordance with the procedure published as part of NHS Digital's duties under section 259(8) of the Act.

**Individual GP Level Data will involve collecting confidential / personal information (that is: patient identifiable data) (see [Form of the collection](#) for further details).** This is required as it is currently not technically possible for the General Practice Extraction Service (GPES) and general practice system suppliers to collect non-identifiable data broken down by individual GP. Patient identifiable data are also required as one of the metrics included in this collection involves linking to secondary care Hospital Episode Statistics (HES) data. Individual GP Level Data will involve collecting patient NHS Number as this data item will be used only to link to HES data.

All data analysis (including the necessary data linkage) will take place within NHS Digital's Data Management Service (DMS). This is NHS Digital's single, standardised, secure method for capturing, storing, managing and distributing data.

**As NHS Digital is collecting patient identifiable data (that is: confidential / personal information is leaving the general practice), general practices, as data controller of their patients' data, have a legal duty to provide patients with fair processing information.** This is in line with the first principle of the [Data Protection Act 1998](#)<sup>9</sup>, which requires organisations, including those in the NHS, to process personal data lawfully and fairly.

NHS Digital has issued a [Privacy Notice for this data collection](#)<sup>10</sup>. This Privacy Notice ensures that NHS Digital meets its legal duty in line with [Data Protection Act 1998](#)<sup>9</sup> and also supports general practices in meeting their legal duty in line with [Data Protection Act 1998](#)<sup>9</sup>. It is intended that general practices will be able to link to the information included in this Privacy Notice in performing their legal duty in providing adequate fair processing information to their patients.

To meet fair processing responsibilities for this data collection, general practices are required to:

- inform their patients how their personal data will be used (including what type of data will be used) and for what purpose(s) their personal data will be used

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<sup>7</sup>[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/554820/20160907\\_BoardPart1Minutes\\_CO\\_NFIRMED.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/554820/20160907_BoardPart1Minutes_CO_NFIRMED.pdf)

<sup>8</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/556669/Individual\\_GP\\_metrics\\_-\\_Direction\\_to\\_NHS\\_Digital.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/556669/Individual_GP_metrics_-_Direction_to_NHS_Digital.pdf)

<sup>9</sup> <http://www.legislation.gov.uk/ukpga/1998/29/contents>

<sup>10</sup> <http://content.digital.nhs.uk/article/7754/Privacy-Notice---individual-GP-level-data>

- reassure their patients that their personal data will remain safe and confidential and will be used only for its intended purpose
- allow patients to opt-out of sharing their data should they choose to do so.

Under section 261(3) of the Act, these data will only be disseminated to GPs and general practices. The legal basis under which the direction is given will preclude NHS Digital from further publishing / disseminating these data other than disseminating these data back to GPs and general practices as directed. Individual GP Level Data is not a method of performance management and these data will not be shared with any other organisation.

The GP metrics direction covers NHS Digital collecting and reporting an initial two sets of data to GPs and general practices. Following an evaluation of the response to these two data sets, the intention is for these data to be collected and reported on a quarterly basis but a new direction (or revised version of the current direction) would need to be issued from DH to NHS Digital before this could happen. Similarly, a new Data Provision Notice would need to be issued to all general practices in England.

## Persons consulted

Following receipt of a direction to establish a system to collect these data required for the Individual GP Level Data collection, NHS Digital has, as required under section 258 of the Act, consulted with the following persons:

- DH (that is: the organisation that issued the direction to NHS Digital) and NHS England; policy, legal and clinical representatives from DH and policy and clinical representatives from NHS England were consulted.
- The [Joint General Practitioners Committee \(GPC\) and Royal College of General Practitioners \(RCGP\) IT subcommittee](#)<sup>11</sup> (also referred to as the Joint GP IT Committee), which is part of the British Medical Association (BMA) GPC.
- The [Standardisation Committee for Care Information \(SCCI\)](#)<sup>12</sup>, which included representatives from the UK Data Standards Panel, the Department of Health, the Medicines and Healthcare products Regulatory Agency, the National Institute for Health and Care Excellence, NHS Employers, NHS England, NHS Improvement, the Care Quality Commission, NHS Northern Ireland, the Professional Records Standards Body (PRSB), techUK and NHS Digital.

## Scope of the collection

Under section 259(1) of the Act, this Data Provision Notice is served on all general practices in England in accordance with the procedure published as part of the NHS Digital duty under section 259(8) of the Act.

Under section 259(5) of the Act, all general practices in England must comply with the Form, Manner and Period requirements below:

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<sup>11</sup> <https://www.bma.org.uk/collective-voice/committees/general-practitioners-committee/gpc-subcommittees/joint-gpc-and-rcgp-it-subcommittee>

<sup>12</sup> <http://content.digital.nhs.uk/isce>

## Form of the collection

This data collection will involve collecting patient identifiable data in the form of patients' NHS Numbers; no other patient identifiable data will be collected.

GPES will collect the necessary primary care data for the 12 agreed metrics, one of which will be linked to secondary care HES data (see [Appendix A: List of agreed metrics](#)).

The link between named accountable GP and their allocated patients is currently not available in general practice clinical systems; therefore, DH has agreed to use the existing 'usual GP' data field as a proxy for providing a link between patients and their named accountable GP.

For the 11 metrics that do not require linkage to HES data, GPES will return a list of NHS Numbers of all of the patients that fall into the numerator, denominator, exceptions<sup>13</sup> and exclusions<sup>14</sup> for each of these metrics, broken down by usual GP. The reason for this is that the current GPES solution does not allow for aggregate level data to be collected by usual GP.

For the one metric that does require linkage to HES data, GPES will return the NHS Numbers for all of the patients that are assigned to each usual GP within the general practice.

GPES will return one data file per general practice for each data collection.

In line with patient rights contained within the NHS Constitution, NHS Digital will ensure it respects the rights of individual patients to request that their confidential information is not used beyond their own care and treatment and to have their objection considered. To support this, patients are able to register an opt-out with their general practice to prevent their confidential personal information being released outside of the general practice (known as a Type 1 opt-out) where it is for purposes other than direct patient care. Type 1 opt-outs will be upheld when collecting the primary care data via GPES.

Each GP and general practice will only be provided with non-identifiable aggregate level data so Type 2 opt-outs (that is: an opt-out that prevents confidential information being shared outside of NHS Digital for purposes beyond the individual's direct care) do not apply.

The [Individual GP Level Data Primary Care Data Application Form](#)<sup>15</sup> contains full details of these data that will be collected. Note that this document is titled under GP Insight Data as it was produced prior to the name change from 'GP Insight Data' to 'Individual GP Level Data' taking place.

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<sup>13</sup> "Exceptions" relate to patients included in the denominator who have not received the care specified in the metric but are deemed to have a valid reason for not receiving the care. If the patient qualifies to be excepted for a metric but has received the specified care within the relevant time period, then they will be included in both the denominator and the numerator but not in the exceptions / exclusions count (that is: a patient meeting the success criteria of a metric will always override that same patient being counted as an exception).

<sup>14</sup> "Exclusions" relate to when patients have not received the care specified in the metric for 'definitional' reasons; for example: metric 8 concerns all patients diagnosed with COPD on or after 1 April 2011 so any patient whose COPD diagnosis was prior to 1 April 2011 would be added in to the exclusion count for this metric.

<sup>15</sup> <https://groups.ic.nhs.uk/SCCIDsupport/dashboard/SAC/SCCI2090-2217/2090-2217pcdaf.pdf>

## Manner of the collection

Data will be collected via GPES, which will involve the appropriate data being collected from general practices' clinical IT systems. The [NHS Digital GP Collections webpage](#)<sup>16</sup> provides further information on this service.

General practices will receive an offer to accept the Individual GP Level Data collection via the Calculating Quality Reporting Service (CQRS) system.

This collection will be called '**Individual GP Level Data**' on the CQRS system and must be accepted by all general practices in England.

## Period of the collection

The GP metrics direction covers NHS Digital collecting and reporting two sets of data to GPs and general practices.

The first data collection is scheduled to take place in October 2017 ahead of NHS Digital reporting these data back to GPs and general practices in December 2017.

The second data collection is scheduled to take place in January 2018 ahead of NHS Digital reporting these data back to GPs and general practices in March 2018.

The time period for these primary care data being collected differs for each of the metrics that do not require linkage to HES data as this is dependent on which medical intervention is being measured. All of these individual metrics have the same end date. The end date for the first data collection will be 31 March 2017 and the end date for the second data collection will be 30 June 2017. However, the start dates differ for each of these metrics (but note that the start dates are the same for both data collections):

- The two influenza immunisation metrics (metric 1 and 2) will cover data recorded from 1 September 2016 as this is the beginning of the 2016-17 influenza immunisation season. Any patient who had an influenza immunisation recorded before this date, and who has not had a subsequent influenza immunisation recorded on or after this date, will not be included in either of these metrics.
- The cervical screening metric (metric 3) will cover data recorded from 1 April 2012. This metric is aligned to the equivalent indicator in the Quality and Outcomes Framework (QOF).
- The COPD metric (metric 8) will cover data recorded from 1 January 2011. This metric is aligned to the equivalent indicator in QOF.
- All other metrics will cover data recorded from 1 April 2016. Any patients who had the appropriate medical intervention recorded on, or after, this date will be included in the relevant metric.

The metric that does require linkage to HES data does not involve a time period as such; instead, this metric will include all patients who are currently registered at their general practice, regardless of when the patients registered.

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<sup>16</sup> <http://systems.digital.nhs.uk/gpcollections>



The GP Collections Timetable, which can be accessed via the [NHS Digital GP Collections webpage](#)<sup>17</sup>, provides further details of when these data collections will take place. Please note that this timetable is a live document and is frequently edited to reflect changes to the GPES collection schedule; users are advised to check this regularly for updates.

## Data quality

GPES has never before collected data from the 'usual GP' data field (that is: the data field that is being used as a proxy for providing a link between patients and their named accountable GP) and therefore the quality of data in this field will be assessed with these two collections. This data field is defined as "doctor usually seen by" and the data item returned in this field is detailed as being the NHS specified doctor number, which is expected to be either the General Medical Council (GMC) reference number or the General Medical Practitioner (GMP) reference number. These data collected from this data field will be validated against corporate reference data held by NHS Digital.

Patients' NHS Numbers that are collected from general practice clinical systems will be validated against the Modulus 11 algorithm<sup>18</sup>.

One of the wider aims of this Individual GP Level Data collection, in terms of this collection essentially being a pilot, is to establish the data quality of the usual GP data field, in particular focusing on data completeness and data validity. Analysis of these data will highlight next steps to improve data quality should Individual GP Level Data continue with the existing solution following the first two collections of data.

## Burden of the collection

### Steps taken by NHS Digital to minimise the burden of collection

In discharging its statutory duty to seek to minimise the burden it imposes on others NHS Digital has sought to minimise the burden on general practices by using existing data extract technology, rather than requesting information in another format which may be more burdensome to process.

In seeking to minimise the burden it imposes on others, in line with sections 253(2a) and 265(3) of the Act, NHS Digital has an assessment process to validate and challenge the level of burden incurred through introducing new information standards, collections and extractions.

This assessment is carried out by the Burden Advice and Assessment Service (BAAS), which carries out a Detailed Burden Assessment and reports findings and recommendations, as part of the overarching SCCI process. SCCI oversees the development, assurance and acceptance of information standards, data collections and data extractions for the health and social care system in England.

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<sup>17</sup> <https://digital.nhs.uk/article/279/General-Practice-GP-collections>

<sup>18</sup> [http://www.datadictionary.nhs.uk/data\\_dictionary/attributes/n/nhs/nhs\\_number\\_de.asp?shownav=1](http://www.datadictionary.nhs.uk/data_dictionary/attributes/n/nhs/nhs_number_de.asp?shownav=1)

## Detailed burden assessment findings

This collection uses GPES, which imposes minimal burden on general practices.

A survey of subject matter experts was considered sufficient to assess the burden for providers of data.

No concerns were raised by the BAAS assessment.

BAAS maintains and publishes a [central register of assessed data collections and extractions](#)<sup>19</sup>, including burden assessment detail relating to all national collections. Further information about the collection and estimated costs can be viewed from this register.

## Assessed costs

The associated burden of the data collection is:

Cost description	Cost	Cost details
Estimated burden costs on providers for the collection of data	£69k	Based on 4 minutes of a general practice manager's time per data collection for 7,800 general practices (for two data collections in total)
Estimated burden costs on providers for providing fair processing information to their patients	£129k	Based on 15 minutes of a general practice manager's time as a one-off burden for 7,800 general practices
Set up costs for the data collection (to date)	£277k	<ul style="list-style-type: none"> <li>NHS Digital staff costs</li> <li>Digital Delivery Centre (DDC) development of data dissemination method to GPs and general practices</li> <li>GPES development costs</li> </ul>
Other costs of the data collection (to date)	£341k	<ul style="list-style-type: none"> <li>GPES extraction costs</li> <li>General practice system supplier costs</li> </ul>
<b>Total costs</b>	<b>£816k</b>	<b>All of the above</b>

## Help us to identify inappropriate collections

BAAS offers a Collection Referral Service which is a simple and confidential way to allow data providers to refer data collections they feel would benefit from further scrutiny.

For more details and information on how to refer a collection, please visit: <http://www.digital.nhs.uk/article/6183/Collection-Referral-Service>

More about the Burden Advice and Assessment Service can be found at: <http://digital.nhs.uk/baas>

<sup>19</sup> <http://content.digital.nhs.uk/article/5073/Central-Register-of-Collections>

## Appendix A: List of agreed metrics

Metrics 1, 2, 3, 5, 6, 7, 8, 9, 10 and 12 listed in this Appendix were taken through the [Indicator and Methodology Assurance Service \(IMAS\)](#)<sup>20</sup>, which is hosted by NHS Digital, in late 2016. The outcome of IMAS was that these metrics were rated as 'not fit for use'; therefore, they have not been added to the National Library of Quality Assured Indicators. One of the main reasons behind this decision was regarding the use of the usual GP data field as a means for providing a link between patients and their named accountable GP. This outcome further supports the notion that the initial two collections and disseminations of data for Individual GP Level Data is a pilot (see [Purpose of the collection](#) for further details).

### Metrics that do not require linkage to HES data:

1. The percentage of patients aged 65 years and over, who have a record of influenza immunisation during the winter flu season by usual GP.
2. The percentage of at risk patients under 65 years, who have a record of influenza immunisation during the winter flu season by usual GP.
3. The percentage of women aged 25 – 64 years whose notes record that a cervical screening test has been performed in the 5 years up to and including 31 March 2017 by usual GP.
4. The percentage of children aged up to the age of 2 with record of childhood immunisations (composite) by usual GP.\*
5. The percentage of patients with hypertension in whom the last blood pressure reading is 150/90 mmHg or less by usual GP.
6. The percentage of patients with atrial fibrillation in whom stroke risk has been assessed using the CHA2DS2-VASc score risk stratification scoring system in the reporting period by usual GP.
7. The percentage of patients with diabetes, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the reporting period by usual GP.
8. The percentage of patients with COPD in whom the diagnosis has been confirmed by post bronchodilator spirometry by usual GP.
9. The percentage of patients with schizophrenia, bipolar affective disorder or other psychoses who have a comprehensive care plan documented in their record by usual GP.
10. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the reporting period by usual GP.
11. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses aged 25-84 (excluding those with pre-existing CHD, diabetes, stroke and/or TIA) who have had a CVD risk assessment performed in the reporting period (using an assessment tool agreed with NHS England) by usual GP.\*

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<sup>20</sup> <http://content.digital.nhs.uk/article/1674/Indicator-Assurance-Service>

\*These metrics were included in the original request from DH but have been put on hold; they will not be included in the first two data collections. The titles for these metrics may also be subject to change.

### **Metric that does require linkage to HES data:**

12. The percentage of patients who have had an Emergency Admission for one or more of 19 Ambulatory Care Sensitive Conditions by usual GP.

Metric 12 will cover 19 ambulatory care sensitive conditions. 18 of these ambulatory care sensitive conditions are taken from the [Emergency hospital admissions for ambulatory care-sensitive conditions: identifying the potential for reductions data briefing paper](#) published by The King's Fund.<sup>21</sup>

This data briefing paper defines ambulatory care sensitive conditions as:

*“conditions for which effective management and treatment should prevent admission to hospital. They can be classified as: chronic conditions, where effective care can prevent flare-ups; acute conditions, where early intervention can prevent more serious progression; and preventable conditions, where immunisation and other interventions can prevent illness.”*

The 19 ambulatory care-sensitive conditions covered by this indicator are:

### **Vaccine-preventable:**

1. Influenza and pneumonia

### **Chronic:**

2. Diabetes complications
3. Nutritional deficiencies
4. Iron deficiency anaemia
5. Hypertension
6. Congestive heart failure
7. Angina
8. Chronic obstructive pulmonary disease
9. Asthma

### **Acute:**

10. Dehydration and gastroenteritis

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<sup>21</sup> [http://www.kingsfund.org.uk/sites/files/kf/field/field\\_publication\\_file/data-briefing-emergency-hospital-admissions-for-ambulatory-care-sensitive-conditions-apr-2012.pdf](http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/data-briefing-emergency-hospital-admissions-for-ambulatory-care-sensitive-conditions-apr-2012.pdf)



11. Convulsions and epilepsy
12. Ear, nose and throat infections
13. Dental conditions
14. Perforated/bleeding ulcer
15. Ruptured appendix\*
16. Pyelonephritis
17. Pelvic inflammatory disease
18. Cellulitis
19. Gangrene

\* Ruptured appendix is not taken from The King's Fund data briefing paper; this ambulatory care sensitive condition was included on instruction of NHS England on behalf of DH. The remaining 18 ambulatory care sensitive conditions are taken from The King's Fund data briefing paper. The one ambulatory care sensitive condition that was included in The King's Fund briefing paper but is not included in this indicator is 'other vaccine preventable'.

**For further information**

**[www.digital.nhs.uk](http://www.digital.nhs.uk)**

**0300 303 5678**

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