Introduction
The APHO General Practice Profiles are designed to assist GPs, emerging consortia and PCTs to ensure that they are providing and commissioning effective and appropriate healthcare services for their local population. The tool is the first of its kind to allow GPs to compare the health needs and outcomes of their practice with any chosen cluster of practices.

This is the first time APHO has undertaken such an initiative for most* general practices in England. We have consulted a range of stakeholders, including GPs and PCTs, to try to ensure the profiles are useful for your practice, and have implemented various revisions as a result of feedback received up until March 2011.

We welcome your comments and suggestions to make future versions more relevant and useful to you. Please respond using the User Survey at www.surveymonkey.com/s/APHOp Hp prof or via the 'User Survey' link on the profiles website.

The purpose of this User Guide is to provide some guidance and issues to consider when looking at the profiles and the data. For details of the datasets and methods used to generate the figures in your profile, please refer to the Metadata document (at www.apho.org.uk/resource/view.aspx?RID=95729 or via the ‘Supporting documents’ link on the profiles website; here you will also find an FAQ document).

Accessing your profile
The profiles can be accessed via the APHO website at: www.apho.org.uk/pracprof/ and downloaded as a PDF file.

Defining your own practice clusters
Clicking on the ‘Define cluster’ button allows you to create a profile for a cluster of practices of your own choice, including across current PCT or SHA boundaries; you can also compare an individual practice with the whole cluster.

Who to contact for support
The Public Health Observatories are using workshops and existing meetings to demonstrate the profiles. Each observatory also has expertise in developing the profiles and they will be able to help you with interpretation. You can also use the ‘Feedback’ link if you would like to post a question.

Data outside these profiles
Only data that are collected nationally with a high degree of completeness are included in these profiles. Further practice-level activity data are available through the Secondary Uses Service. Local Director of Public Health teams should be able to provide advice on how to access these data.

We have designed the APHO General Practice Profiles to complement others developed elsewhere, for example:

National Cancer Intelligence Network GP practice profiles for cancer at www.ncin.org.uk/cancer_information_tools/gp_profile s.aspx


* a small minority of practices had to be excluded due to list size (less than 1000 patients) or uncertainty regarding the true list size (discrepancy between data sources).
General points for interpreting APHO General Practice Profiles

**Focusing on individual indicators is misleading**

The profiles are a set of indicators; these indicators should not be interpreted in isolation. Making judgements about a practice or cluster based on a single indicator can be highly misleading. Any provisional conclusions drawn from the profiles should be compared with other sources of information, both quantitative and qualitative.

**Understanding the context is essential**

The age structure and deprivation levels of the population are particularly important in understanding the profiles. The demographic information at the beginning of the profile is essential for interpreting the remaining indicators. For example, a below average prevalence of diabetes or other long term conditions in a practice may be explained by a much younger than average practice population, such as a practice serving a university.

The prevalence of most of the long-term conditions included within QOF is related to both lifestyle behaviours, like smoking, and broader factors, such as level of educational attainment, housing quality, etc. The Index of Multiple Deprivation 2007 is included in the profiles to provide a helpful summary measure because deprivation levels are frequently related to disease prevalence. More deprived practices will generally have a higher prevalence of some long term conditions.

**QOF data are not age- and sex- standardised**

QOF collects ‘crude’ prevalence rates. A crude rate makes no allowance for the age and sex structure of the practice population. This is why understanding the context is so important. However, it also means that it is not appropriate to rely too heavily on comparisons between practices for certain indicators. 

Comparison is essential in helping to prompt questions and identify areas for further investigation but it would be highly inappropriate, for example, to ‘performance manage’ practices on the basis of crude rates.

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Five tips for using APHO General Practice Profiles

- Be open about what the profile might be telling you;
- Recognise the limitations of the data;
- Use the profiles to identify further questions that may need to be asked;
- Triangulate the information in the profiles with information from other sources. For example, a review of referrals, the local Joint Strategic Needs Assessment, a clinical or organisational audit;
- If you identify an issue you can do something about, take a practice approach to planning and implementing the necessary change.

We would be pleased to hear how the profiles have assisted you in identifying changes – either via the User Survey at [www.surveymonkey.com/s/APHOpracprof](http://www.surveymonkey.com/s/APHOpracprof) or by emailing: feedback@erpho.org.uk
How is my practice doing?

Things to consider when looking at the data
Your practice information is presented in a way that allows comparison with PCT and national figures. Where indicators are based on low numbers or a low level of activity, your position in relation to the mean may vary considerably year on year. Others, such as CVD prevalence, are more stable indicators and will have a narrower range of natural variation.

There is no ‘good’ or ‘bad’, but you may choose to discuss individual indicators where your practice differs significantly from the mean. Where this is the case for a number of indicators, additional support may be available from your local primary care or public health teams.

Small numbers
Some indicators may be based on small numbers at practice level. This should be taken into consideration when interpreting the practice data. Caution is also needed when comparing the practice level data with the PCT and national averages. Small changes in the count can lead to wide variance in the rate, and can vary significantly from year to year.

Understanding variation
All measurements show variation. Understanding variation is important to avoid misinterpretation of any numerical measurement. Variation can be categorised into:
• ‘Common cause’ variation: occurs with any measurement and cannot be eliminated. Common cause variation is larger when the number of events being measured is smaller.
• ‘Special cause’ variation: is not the error associated with measurement and generally requires an explanation. Special cause variation (sometimes called an outlier) is inherently neither good nor bad and interpreting its significance depends on context.


Confidence intervals:
Where appropriate (for rates and proportions), upper and lower confidence limits have been calculated. These are reflected in the colours displayed on the spine chart. For clarity, the confidence intervals have not been included in full on the chart, but are available in the downloadable data.

Confidence intervals provide a range of certainty around a particular practice rate or proportion. Uncertainty arises because factors influencing the indicator are subject to chance occurrences. These occurrences result in random fluctuations in the numbers between different areas and time periods.

In general, confidence intervals quantify how different the practice rate or proportion would have been if the underlying conditions stayed the same, but chance had led to a different set of data. The wider the confidence interval, the greater is the uncertainty in the estimate.

The confidence interval is used to determine whether there is any statistically significant difference between the practice rate or proportion and the comparator average.
Using the profile

Indicator
This column describes each indicator. For more detailed information about the indicators, their calculation, the source and the time periods please click the magnifying glass or refer to the Metadata document at www.apho.org.uk/resource/view.aspx?RID=95729

Practice value
This displays a %, rate or a value. Clicking on the magnifying glass will display the practice value in a bar chart.

England average
The average value for England is provided, making it possible to see how the practice compares nationally.

Spine chart:
See next page for explanation

Demography and patient satisfaction

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<thead>
<tr>
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</tr>
</thead>
<tbody>
<tr>
<td>% aged 0 to 4 years</td>
<td>10.4%</td>
<td>5.6%</td>
<td>5.8%</td>
<td>0.0%</td>
<td></td>
<td>16.9%</td>
</tr>
<tr>
<td>% aged 5 to 14 years</td>
<td>15.2%</td>
<td>10.8%</td>
<td>11.2%</td>
<td>0.0%</td>
<td></td>
<td>28.9%</td>
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<tr>
<td>% aged under 15 years</td>
<td>25.6%</td>
<td>16.4%</td>
<td>17.1%</td>
<td>0.0%</td>
<td></td>
<td>42.6%</td>
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<tr>
<td>% aged 65+ years</td>
<td>6.8%</td>
<td>15.6%</td>
<td>15.8%</td>
<td>0.0%</td>
<td></td>
<td>45.2%</td>
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<tr>
<td>% aged 75+ years</td>
<td>2.7%</td>
<td>7.3%</td>
<td>7.5%</td>
<td>0.0%</td>
<td></td>
<td>26.5%</td>
</tr>
<tr>
<td>% aged 85+ years</td>
<td>0.8%</td>
<td>2.1%</td>
<td>2.1%</td>
<td>0.0%</td>
<td></td>
<td>12.0%</td>
</tr>
<tr>
<td>Deprivation score (IMD 2007)</td>
<td>17.8</td>
<td>11.5%</td>
<td>21.7%</td>
<td>2.6%</td>
<td></td>
<td>68.9%</td>
</tr>
<tr>
<td>IDACI (Income Deprivation Affecting Children)</td>
<td>0.23%</td>
<td>-</td>
<td>0.24%</td>
<td>0.03%</td>
<td></td>
<td>0.60%</td>
</tr>
<tr>
<td>IDAOL (Income Deprivation Affecting Older People)</td>
<td>0.16%</td>
<td>-</td>
<td>0.22%</td>
<td>0.05%</td>
<td></td>
<td>0.74%</td>
</tr>
<tr>
<td>% satisfied with phone access</td>
<td>86.0%</td>
<td>65.9%</td>
<td>64.7%</td>
<td>12.1%</td>
<td></td>
<td>96.2%</td>
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<tr>
<td>% able to see a doctor within 2 days</td>
<td>86.1%</td>
<td>86.3%</td>
<td>80.1%</td>
<td>0.0%</td>
<td></td>
<td>100.0%</td>
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<tr>
<td>% able to book appointment &gt;= 2d ahead</td>
<td>83.1%</td>
<td>71.4%</td>
<td>69.5%</td>
<td>0.0%</td>
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<td>100.0%</td>
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<tr>
<td>% satisfied with opening hours</td>
<td>81.0%</td>
<td>78.9%</td>
<td>79.4%</td>
<td>43.5%</td>
<td></td>
<td>100.0%</td>
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<tr>
<td>% able to see preferred GP</td>
<td>63.5%</td>
<td>72.7%</td>
<td>71.4%</td>
<td>0.0%</td>
<td></td>
<td>100.0%</td>
</tr>
</tbody>
</table>

Comparator value
This column shows the value at the selected comparator level (in this case PCT). Deprivation scores have not been calculated at PCT level.

England lowest and highest
The lowest and highest values for England are shown to give some context to the comparative information.
Spine charts
The chart gives a visual presentation that compares the practice rate/proportion to local and national levels. The chart displays proportional bars which represent the range of indicator values across English practices.

Minimum/maximum values are shown at either side of the bar column for each indicator. The dark grey sections on the bar mark the range within which the middle half of the observed values lie (25th to 75th percentiles). The light grey areas on the left and right of the bar show the lowest and highest quartiles of the range.

The central red vertical line represents the England average. The triangle on the proportional bar shows the cluster value and is only displayed when a cluster is selected. The value symbols are colour-coded (as shown right and below).

Comparing one practice with a range of other practices may indicate that there is an issue to be investigated. However, more attention should be given to those indicators where the practice shows statistically significant difference from the average. Statistical significance calculations take into account the small numbers present for some of the measures.

A judgement should be made across a number of measures. The more indicators that show a statistically significant difference from the mean rate or proportion, the more an explanation should be sought. The population age and socio-economic status will often provide an answer.

| Yellow: | no statistical difference between the practice and the England average |
| Blue: | statistically significant difference (either higher or lower) between the practice and the England average |
| White: | statistical significance has not been calculated |