

Family Practitioner Services

Background Quality Report

General Medical Services Statistics



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BSO Family Practitioner Services Information Unit,
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Responsible Statistician

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Preface

This document constitutes a quality report for annual and quarterly statistics issued by Family Practitioner Services (FPS) covering General Medical Services (GMS).

Prior to 2020, the annual GMS statistics were issued in the FPS Compendium Report, which covered all aspects of family practitioner activity in Northern Ireland i.e. dental, ophthalmic, pharmacy and GMS. They are now issued on an individual basis in line with user needs and to improve their timeliness and punctuality.

There were no material changes which affected the underlying quality assessment of GMS statistics as it moved from the Compendium Report to a standalone publication. All references to the GMS publication should be read to cover also the GMS statistics within the Compendium Report.

Introduction

This document constitutes a data quality report for the Family Practitioner Services (FPS) GMS Statistics and in-year quarterly updates.

This report is derived from administrative data from a range of sources. These are:-

- FPS Common Practitioner Model
- The National Health Application and Infrastructure System (NHAIS)
- FPS GMS Payment Records

Information has been extracted from the live payment system following the close of the financial payment year (or relevant in-year quarters – ending March 31st, June 30th, September 30th and December 31st).

The statistics have then been compiled and quality assured by independent statisticians, on secondment to BSO's FPS Information Unit, from the Northern Ireland Statistics and Research Agency (NISRA) in accordance with the [Code of Practice for Statistics](#).

Context

The GMS Statistics publication provides a statistical overview of primary care activity in Northern Ireland. It is based on payments that FPS has processed on behalf of the Health and Social Care Board (HSCB) towards the overall cost of GP Services in Northern Ireland as well as summary information about the practitioners themselves. The data does not include any information about treatments or services carried out in primary care settings. In addition, some demographic breakdowns are provided in relation to patients registered with a General Practitioner in NI.

The Family Practitioner Services division within BSO provides a range of services to General Medical, Dental, Ophthalmic and Pharmaceutical practitioners across Northern Ireland. The administrative information which is produced as a by-product of these activities provides information on FPS payments as well as on service provision and the relative health of the population at NI and sub-regional level. It complements official

statistics relating to other aspects of the NI health care system, namely secondary, community and social released by the Department of Health.

Purpose of this document

This document aims to provide users with an evidence based assessment of the quality of data held within the FPS GMS Statistics by reporting against nine quality dimensions and principles appropriate to this output.

In doing so, this meets our obligation to comply with the UK Statistics Authority (UKSA) [Code of Practice for Statistics](#), particularly the pillar of Quality, principle Q3 Assured Quality which states:

Producers of statistics and data should explain clearly how they assure themselves that statistics and data are accurate, reliable, coherent and timely.

It is a live document and will evolve and include additional material as further intelligence is gathered against each of the 9 ESS dimensions.

The 'Quality Assessment of Administrative Data' (QAAD) for GMS has been completed and provides further valuable information [here](#).

Assessment of statistics against quality dimensions and principles

Relevance

This dimension covers the degree to which the product meets user need in both coverage and content.

The FPS Information Unit launched an online survey using Citizen Space on 21st February 2018. The survey invited users/potential users of summary statistics related to Primary Care Services to provide feedback to help shape our statistical publications. The survey closed on the March 13th 2018 and received 86 responses. A follow up online survey was launched on 12th March 2019, closing on 1st April 2019; 20 responses were received.

The findings of the user engagement surveys have been published [here](#) and highlighted that the formal and regular publication of these statistics would help address an important information gap. The survey also informed the types of analysis users wished to have access to, and in what format. This informed the development of the Compendium report and the subsequent individual reports.

Statisticians in the Information Unit are regularly in contact with key users of the statistics. Initially the readership surveys were used to provide an overall assessment of whether user needs were being met. However the current approach employed is to undertake focused consultations with key users on a rolling basis. This approach helps to gain greater insight into how the statistics are used and to identify additional specific requirements. In addition, any ad hoc requests for information are recorded centrally in a database and these records are used to provide intelligence from a wider set of users in relation to changing requirements. User Engagement Action Plans, incorporating summaries of identified user requirements, together with their current status and timescales for addressing these needs are provided [here](#). These will be updated regularly as new user needs are identified or addressed as part of our ongoing programme of engagement.

To ensure that understanding of user needs is as up-to-date as possible, the FPS Information Unit launched an online user survey in December 2021, closing in January 2022. Again the results of this will be analysed, with the findings published. Where appropriate and practical, the identified needs of users will be acted upon.

BSO had historically released a statistical compendium, which ceased following the 2007/08 publication. The revival of this output had been identified by internal customers as a high priority in order that there would be a definitive source of quality assured figures related to FPS activity. A new statistical compendium was launched in 2017/18 and released again the following year. Following a user consultation, the compendium was split into separate FPS service areas in 2018/19, including GMS. This has allowed more detailed statistics to be produced better targeted at the main users of these figures (note that a short summary Key Facts compendium has also been developed to meet the needs of users with a cross cutting interest in primary care statistics).

In order to cater for different levels of user need, the main body of the annual report is intended to be a high level summary of activity, supplemented by charts and commentary, with the detailed statistical tables which underpin the report included in its annexes. More detailed breakdowns can be provided on request.

BSO was specified in legislation as a Producer of Official Statistics in the Official Statistics Order (Northern Ireland) 2012. The information held by the Family Practitioners Service is of interest both to the Government and wider public as it relates to the provision of primary care in Northern Ireland.

The GMS statistics are derived from the FPS GMS payment system. It is based on payments that FPS has processed on behalf of the Health and Social Care Board (HSCB) towards the overall cost of GP Services in Northern Ireland. The data does not include any information about treatments or services carried out in primary care settings. It also helps inform the official NI Mid-Year Population Estimates by showing that a person is registered for primary care at a certain point in time.

The information provided covers certain elements of claims made by GP Practices, demographic characteristics of GPs in Northern Ireland, and also the high level information

on the registered patients at GP Practice level. GP's maintain their own clinical systems so FPS does not hold information on the treatments or medical histories of patients.

The registration of patients at GP practices provides an extremely useful information source for tracking changes in the size and demographics of the population of Northern Ireland. This information is used to feed into estimates of internal and external migration and to update the official NI Mid-Year Population Estimates. It is also extremely valuable for maintaining the quality of the NI Electoral Register.

NISRA Census Office is the body responsible body for producing NI population statistics. Whilst the BSO compendium duplicates some of this information, its focus is on population at GP practice level to inform information on GP service provision and workload.

Accuracy and Reliability

This dimension covers the statistics proximity between an estimate and the unknown true value.

The GP Registered Population, number of GPs and number of GP Practices tends to fluctuate – while coverage of statistics is accurate at a point in time, there may be lags in changes to various data systems. For example, practices may be in the process of merging at the time when data is captured for the production of statistics. With regard to registered patients, there may be a small but unquantifiable amount of error related to patient characteristics and addresses. However this is not thought to be material.

Payment information is based on the payments processed in a given year and not the cost of the service provided in that year. Payment information for a given year may include outstanding claims from previous years. It will not include claims that have yet to be received for the year being reported on.

Reliability/known data quality issues

Figures presented for GPs refer to Unrestricted Principals or Equivalent (UPEs) and Salaried GPs and do not include Locums. GP numbers are based on headcount and do not therefore reflect changes in working patterns. GP practice characteristics vary in terms of Full Time Equivalent (FTE) number of GPs assigned to a practice, number of sites a practice operates from, and number of patients registered to a practice.

GP Registered Population information is captured at the end of the quarter when a patient's registration application has been completed and processed by BSO. There may be a lag between a patient presenting themselves at a GP Practice and completion of registration. This lag may be greater for patients who have to provide additional documentation as proof of entitlement to services. Similarly for deductions, there may be a lag in removing individuals from the index of registered patients.

There are differences between the figures for GP registered patients and residential population. At 30th June 2020 the number of individuals on the index of registered patients was 5.7% higher than the June 2020 Northern Ireland mid-year population estimate.

This discrepancy can arise from a number of factors, for example, time lags in removing patients from GP lists following death or emigration, Cross Border Workers registered with a Northern Ireland GP, or registered patients not completing the 2011 Census.

BSO Payment towards GP Services presented in this report refers to the payments that BSO has processed on behalf of Health and Social Care Board (HSCB) towards the overall cost of GP Services in Northern Ireland. This expenditure relates to payments processed in a given year and not the cost of the service provided in that year.

Timeliness and punctuality

Timeliness refers to the time gap between publication and the reference period.

Punctuality refers to the gap between planned and actual publication dates.

The first iteration of the compendium was released in October 2018 and covered data for financial year 2017/18. Future compendiums and annual general medical publications have been released in June of each year when the data for the entire year are complete – representing a 3 month lag between publication and the end of the activity period to which the data relate.

The quarterly updates of key report tables, which is not supported by commentary, is currently published within 6 weeks of the quarter end payment calculation. For this reason, the quarterly updates will have a provisional status but will be finalised at year end.

All publications have been punctual, being released on the planned publication date.

Accessibility and clarity

Accessibility is the ease with which users are able to access the data, also reflecting the format in which the data are available and the availability of supporting information. Clarity refers to the quality and sufficiency of the metadata, illustrations and accompanying advice.

Both the compendium and individual annual GMS reports are published in PDF format on the BSO website along with accompanying tables presented in Excel. The main report contains a mixture of summary tables, charts, infographics and commentary intended to appeal to a wide user base.

The Excel tables will allow users to perform secondary analysis on the actual data and contains a separate tab with metadata.

The accompanying tables are now presented in an accessible format. Assistive technology can be used with the supporting tables, which enables users with disabilities to have full access to the data. Work is currently underway to make the annual PDF report accessible.

Further breakdowns of the data are available on request and contact details for this have been provided in the main report.

More detailed user notes are provided in the Publication notes in the annual report and on a separate tab in the Excel tables which accompany the main report. All of this is then supplemented by the information contained in this Background Quality Report and the Quality of Administrative Data ([QAAD](#)) assessment for GMS Statistics.

Coherence and comparability

Coherence is the degree to which data which have been derived from different sources or methods but refer to the same topic or similar. Comparability is the degree to which data can be compared over time and domain.

Coherence

We are not aware of other sources of NI data relating to FPS GMS activity/payments covered neither by this report nor in respect of the primary care workforce. This, however, will be kept under review and the section will be expanded in the event that alternative data sources are identified.

The report contains patient demographic information presented by Local Commissioning Group (Health Trust), Local Government District (LGD) and GP Federation. These data are based on the GP registered population as opposed to resident population. While the index of patients registered with a GP Practice informs population statistics for Northern Ireland this is not the remit for collecting this data. For Northern Ireland Population Statistics click [here](#).

Patient information is presented by Local Commissioning Group (Health Trust), Local Government District (LGD), GP Federation, gender and age group but not at GP Practice level. Quarterly counts of registered patients at GP Practice level are published [here](#). This quarterly information, while presenting counts at practice level, does not include demographic breakdowns.

Comparability

GMS comparisons are presented comparing Northern Ireland with GB regions for GP Practices, GP Workforce and GP Registered Population.

England's 'General Practice Workforce' reports are published by NHS Digital and are available [here](#).

Scotland's 'General Practice' reports are published by Public Health Scotland and are available [here](#).

Wales' 'GMS' reports are published by StatsWales and are available [here](#) and [here](#).

GP comparison figures for England, Wales and Scotland are not the headline figures presented in their publications but rather data on the appropriate contract type to match what we present for Northern Ireland. In the case of England we are reporting on all qualified permanent GPs (excluding Registrars and Locums). For Wales their Retainer Count was added to their headline figures, while for Scotland the Performer Registrar/ST contract type was removed from their headline figures.

Figures presented for GPs are headcount so comparisons should be treated with caution as this is not a true measure of Full Time Equivalent number of GPs and will not reflect any difference in working patterns between NI and GB countries.

GP Practices vary in size in terms of number of GPs who operate from them and patients registered to them meaning that comparisons with GB countries should also be treated with caution.

Trade-offs between output quality components

This dimension describes the extent to which different aspects of quality are balanced against each other.

The main trade-off in the report is the balance between timeliness and data quality. The data are derived from a live payment system which is constantly being updated so a decision needs to be made as to when to extract the frozen data files on which to produce the official statistics. The longer this is left the more accurate will be the final data (as it

provides more time for post-hoc payment and other adjustments) but as a consequence will be less timely.

In respect of the annual report, the data will be extracted to a frozen file around 4 weeks after the year end. This should then allow for production of the finalised statistics report within three months of the year-end to which they relate. The frozen file will only then be revisited should any significant data quality issues come to light (resulting in the need for the statistical publications to be revised).

The quarterly tabular updates are produced to a quicker timeline, aiming to release the statistics within two months of quarter end. Currently the timeframe is about 5-6 weeks from when the quarter end payment calculation takes place. These will hence have a provisional status to allow more time for not only adjustments to the most recent month but also any subsequent adjustments that may be required later in the year. The in-year quarterly data will be finalised following the production of the annual report.

The need for the provisional status attached to the quarterly updates will continue to be monitored based on the magnitude of the resultant year end revisions.

Assessment of user needs and perceptions

This dimension covers the processes for finding out about users and uses and their views on the statistical products.

The Business Services Organisation's Information Unit conducted an online survey in February and March 2018, inviting users/potential users of summary statistics related to Primary Care Services to provide feedback. A follow up survey was conducted in March and April 2019.

The results of the surveys were used to inform the content of this publication including the type of data presented, style of presentation and statistical breakdowns. The reports summarising the results of this user engagement are published [here](#).

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Performance, cost and respondent burden

This dimension describes the effectiveness, efficiency and economy of the statistical output.

There is no respondent burden, since all of the data are extracted from existing BSO information and payments systems held on the HSCNI network. Additional sources such as the Central Postcode Directory and NISRA population data are available from organisational websites without the need for any intermediate intervention.

Over time, the production of the report tables will be further automated with data extracted directly to the Excel templates with minimal need for manual intervention.

Using the Information Unit's time recording system, the total cost in staff time of producing a quarterly report is estimated at £1,000, while the total cost in staff time of producing the annual report and associated outputs is estimated at £15,000.

Confidentiality, transparency and security

The procedures and policy used to ensure sound confidentiality, security and transparent practices.

Data used to produce this report has been processed on PCs/laptops/servers connected to HSCNI network and are protected as per the [HSC ICT Security Policy](#).

Suppression has been applied where the number of cases in a cell containing personal information could identify individuals. This is described in the notes tab where applicable. Where necessary, additional values will be hidden to avoid disclosure of suppressed counts.

Within the Information Unit, access to data is only provided to those staff involved in the production of the reports.

Responsible Statisticians

All queries relating to individual publications should be addressed to the statistician responsible for overseeing their preparation. The responsible statistician for FPS GMS statistics is:

GMS

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