**Step 1
Diagnose
Externally Sourced Data**

Several organisations gather data related to our registered patients and compare our processes and outcomes both against the performance of other practices locally and nationally and also compare current performance with previous data.

The data is drawn and collated from our QOF submissions, our prescribing habits, public health databases and National audits such as the annual National Diabetes Audit.

These data sources are accessed on-line. It is hard to maintain an up-to-data comprehensive list of sources but some found to be useful include:

For England:
• The Primary Care Webtool
• OpenPrescribing.net
• National GP Survey
• QOF Database
• Public Health England National General Practice Profiles
• National Diabetes Audit
• CQC Intelligent Monitoring

For Scotland:
• SPIRE (Scottish Primary Care Information Resource, currently in development)
• Scottish Public Health Observatory
• PRISMS (Prescribing Information System for Scotland)

For Wales:
• QOF Database
• Public Health Wales Observatory
• National Diabetes Audit

For Northern Ireland:
• QOF Database

In addition to these quantitative data sources, you will be aware of qualitative information gathered about your practice such as on the NHS Choices website and external inspection reports, for example CQC in England, HIW in Wales

There are many reasons to explain variations in outcomes, prescribing and performance between practices. It often relates to deprivation levels and can reflect local service provision. However, exploring how your practice performs compared to other local practices can give a clearer idea of what areas of care you would like to improve.

How To

Explore the data and then get your Practice Team together to try to make sense of areas where you are not performing as well is similar practices, or where there has been a change over time.

It is important to be aware of the limitations this type of data. Much externally sourced data is that it is often 12-18 months old by the time it reaches the public domain, so may not reflect any recent changes or improvements you have made. Also variations between GP practices in performance may not be statistically significant and some of the databases (for example the Primary Care web tool in England) uses funnel plots in order to identify if you are a statistical outlier.

One criticism of using 'benchmarking' to decide if improvements are needed is that it encourages mediocrity: being in the middle range is acceptable.

Learning can also be made when the data reveals best practice. If your practice or organisation is above average, you could ask yourselves:
• How have we managed it?
• Is it sustainable?
• Could we use this method of success in a different area?