

Patients registered at a GP Practice

England, October 2017

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Data Quality Statement

Background

Patients registered at GP practices in England is a quarterly publication by NHS Digital.

It was previously under the purview of Population, Geography and International Statistics. This changed in 1st April 2017 due to an NHS Digital requirement to group GP practice related data together to provide easier access for users.

These data are now under the purview of the Primary Care Domain and will be published each month albeit in a different format. This will reduce the number of CSV files from nine to eight without reducing the scope of these data, which shows counts of patients at NHS Commissioning Regions, NHS Regions, Clinical Commissioning Group (CCG) and GP practice by gender and age. In addition, data are presented by GP practice at Lower Super Output Area (LSOA) level by gender on a quarterly basis. These new formats make the data more easily readable by machine but the amount of data involved means the dataset has to be broken down into smaller CSVs so they can also be opened by Excel.

Guidance on how to use these new CSV files has been included in the publication together with their metadata.

From June 2017 data for Sustainability and transformation partnerships (STPs) have been added, more information on STPs can be found at: <https://www.england.nhs.uk/stps/>

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This report may be of interest to NHS organisations; Academics; Researchers and Local and regional government.

Relevance

Data are collected at an aggregate level from GP practices by age and gender. These data are used by many NHS and local authority organisations as a denominator for other local analyses, and are considered essential to maintaining this level of information.

Accuracy

Output areas (OAs) are the lowest geographical level at which census estimates are released. Output areas for England and Wales were created from 2001 Census data. Changes were made in these in light of the up-to-date population estimates in the 2011 Census.

http://webarchive.nationalarchives.gov.uk/20160105160709/https://geoportal.statistics.gov.uk/Docs/Changes_to_output_areas_and_super_output_areas_between_2001_and_2011_in_England_and_Wales.zip

Comparability and Coherence

NHS Digital publishes a report for each month, which is a snapshot of the counts at that time, which is extracted based on the first day of each month. Therefore, counts are prone to fluctuations on a daily basis as this is a live system and counts can also differ significantly between months. In addition, NHS England's health geography structure changed slightly on 1 April 2017 consequently comparison with previous months should be viewed with caution.

Sustainability and transformation partnerships

From June 2017 onwards data for Sustainability and transformation partnerships (STPs) are available. This is not comparable with data in previous publications.

Timeliness and Punctuality

The report shows the latest set of counts of patients registered with a GP practice. Data was extracted in the month of publication and is an accurate snapshot as at the first day of that month. LSOA data is available quarterly and will be reported on that basis i.e. each quarter.

Accessibility and Clarity

This report is published on the NHS Digital website every month and all the data tables are available free of charge.

Assessment of User Needs and Perceptions

A consultation was carried out in April 2016 to find out from users how beneficial this publication is. It was found that the provision of GP practice populations by single year of age; 5-year age group, gender and LSOA were essential to the performance of some of

their analysis requirements as these data are not available elsewhere. These analyses help inform commissioning and service requirement amongst other things.

Performance, Cost and Respondent Burden

Data are extracted as a monthly snapshot in time from the GP Payments system maintained by NHS Digital.

Confidentiality, Transparency and Security

Unlike previous versions of this report (October 2015 and earlier), there is no suppression of data for GP Practices with 100 or fewer registered patients.

The original reason for the suppression was possible identification of individuals when data are linked to other datasets. It was thought that the risk of linkage to other datasets requires the other dataset to contain potentially disclosive data, as this report only contains counts of patients at a practice.

Many of the smaller practices are those that are opening or closing and registrations are therefore at a low level due to the removal / addition of patients. In these cases identification by linkage would be almost impossible due to the fluctuating nature of the number of GP practices.

This report now provides a complete count of patients at GP practices in England.

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