

INPUT NQR & KPI DATA

Go back



METRIC NAME		Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
NQR 2	Consultation data sent to practice by 8am next day	98.7%	98.6%	98.7%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NQR 3i	SPNs and exchange of information between care providers	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NQR 3ii	5 specific examples of 3i	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
NQR 4i	Quarterly clinician audit report provided	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NQR 4ii	Quarterly report on actions and learning outcomes from 4i	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NQR 5i	Quarterly audit on patient experiences	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NQR 5ii	Quarterly report on actions taken on the results of 5i	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NQR 6	Quarterly report on each complaint received	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NQR 7i	Quarterly report to demonstrate ability to match capacity with demand	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NQR 7ii	Quarterly report to evidence how demand was met in previous quarter	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NQR 8i	Engaged calls	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
NQR 8ii	Abandoned calls	2.3%	2.3%	2.2%	3.0%	1.1%	1.6%	2.5%	3.4%	5.8%	2.5%	1.8%	2.5%
NQR 8iii	Calls answered within 60s	98.8%	98.9%	98.9%	98.1%	97.9%	99.3%	97.7%	96.5%	94.5%	96.2%	97.7%	97.4%
NQR 9i	Life threatening conditions (LTC) acted upon within 3 minutes	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NQR 9ii	Urgent calls responded to in 20 minutes	92.7%	92.9%	92.6%	94.4%	95.4%	97.7%	93.6%	96.3%	90.0%	96.2%	95.1%	93.3%
NQR 9iii	Routine calls responded to in 60 minutes	92.0%	93.7%	92.8%	93.0%	93.3%	96.4%	92.7%	94.6%	69.5%	93.2%	92.9%	90.7%
NQR 10i	Presenting LTCs acted on within 3 minutes	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NQR 10ii	Presenting urgent cases seen within 20 minutes	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NQR 10iii	Presenting routine cases seen within 60 minutes	100.0%	100.0%	100.0%	100.0%	100.0%	97.6%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NQR 11i	Percentage of cases seen by appropriate clinician in busiest 3 hours	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NQR 11ii	Quarterly report of cases where 11i was not met with learning outcomes	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
NQR 12i	Emergency F2F commenced within 1 hour of telephone assessment	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	95.8%	100.0%	100.0%	100.0%	100.0%
NQR 12ii	Urgent F2F commenced within 2 hours of telephone assessment	95.5%	91.6%	92.4%	98.2%	94.6%	95.9%	95.2%	90.5%	83.3%	93.5%	93.1%	90.1%
NQR 12iii	Routine F2F commenced within 6 hours of telephone assessment	99.3%	99.7%	98.6%	99.2%	98.6%	99.5%	98.3%	98.8%	97.3%	98.5%	99.3%	99.2%
NQR 13	Use of the interpretation service	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Prescription 2.1	Audit of oral diclofenac prescriptions	98.4%				100.0%	100.0%	100.0%	66.7%	85.7%	0.0%	75.0%	75.0%
Prescription 2.2	Cephalosporins and Co-Amoxiclav px's (percentage compliant with guidelines)	100%			39%	22%	26%	75%	27%	61%	44%	48%	50%
Prescription 2.3	Report of audit of black, grey, red list and sip feed items	98.4%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	33.3%	40.0%	40.0%
Prescription 2.4	Formulary compliance is reviewed during RGCP audits with learning outcomes	98.4%			100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Prescription 2.5	Percentage of repeat prescriptions issues that are appropriate (10% sample)	96.0%			100.0%	100.0%	100.0%	66.7%	100.0%	100.0%	100.0%	100.0%	100.0%
A&E Attendances 3.1	Percentage increase year on year for 'advised to attend' is minimised	3.95%	6.04%	5.00%	3.90%	6.13%	7.47%	7.72%	7.86%	5.53%	7.73%	6.63%	6.44%
A&E Attendances 3.2	Report of audit of 20% of cases where patient advised to attend A&E	100%	95%	85%	100%	85%	100%	96%	79%	80%	95%	90%	92%
A&E Attendances 3.3	Percentage increase year on year of 999 calls is minimised	0.87%	0.66%	0.67%	0.20%	0.58%	0.50%	0.51%	0.37%	0.59%	0.41%	0.39%	0.47%
Quality assurance 4.1	Quarterly performance report for CQC evidence of selected indicators	100.0%	100.0%	100.0%	100.0%	100.0%	-	-	-	-	-	-	-
Quality assurance 4.2	Report on safeguarding training	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Quarterly performance

2014/15				
Q1	Q2	Q3	Q4	
99.2%	99.2%	100.0%	100.0%	
100.0%	100.0%	100.0%	100.0%	
100.0%	100.0%	100.0%	100.0%	
100.0%	100.0%	100.0%	100.0%	
100.0%	100.0%	100.0%	100.0%	
100.0%	100.0%	100.0%	100.0%	
100.0%	100.0%	100.0%	100.0%	
100.0%	100.0%	100.0%	100.0%	
100.0%	100.0%	100.0%	100.0%	
0.0%	0.0%	0.0%	0.0%	
2.3%	1.7%	4.1%	2.3%	
98.9%	98.4%	96.3%	97.2%	
100.0%	100.0%	100.0%	100.0%	
92.7%	95.8%	93.3%	94.8%	
92.8%	93.9%	84.3%	92.3%	
100.0%	100.0%	100.0%	100.0%	
100.0%	100.0%	100.0%	100.0%	
97.6%	97.6%	100.0%	100.0%	
100.0%	100.0%	100.0%	100.0%	
100.0%	100.0%	100.0%	100.0%	
100.0%	100.0%	98.5%	100.0%	
93.8%	96.2%	90.5%	93.5%	
98.9%	99.1%	98.3%	99.0%	
100.0%	100.0%	100.0%	100.0%	
100%	100%	84%	55%	
	32%	53%	49%	
	100%	100%	33%	
	100%	100%	100%	
	100%	89%	100%	
5.00%	5.80%	6.81%	6.94%	
93%	94%	85%	93%	
0.73%	0.43%	0.49%	0.43%	
-	-	-	-	
Yes	Yes	Yes	Yes	