NORTH EAST QUALITY OBSERVATORY SERVICE (NATIONAL COLLABORATING CENTRE FOR INDICATOR DEVELOPMENT)

FOR

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

INDICATOR DEVELOPMENT PROGRAMME

Appendices to support the pilot reports relating to

Smoking

Cardiovascular disease prevention

Chronic obstructive pulmonary disease

Pregnancy and neonates

Weight management

Pilot period: January – March 2024

IAC meeting date: 5th June 2024

Output: Background and supporting methodological information relating to practice recruitment and the indicator pilot protocol

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Appendix A: Indicator development and method/approach to piloting

Indicator development

Background

In December 2022 at the Indicator Advisory Committee (IAC), NCCID presented a paper on opportunities within the indicator development process that could be explored to develop and implement indicators that could help mitigate the risks of perpetuating or exacerbating health inequality.

In May 2023, following discussions with NHS England, NICE requested that NEQOS develop proposals for new or updated indicators that better reflect the needs of local populations and reduce the risk of either exacerbating health inequalities or disadvantaging practices with a high proportion of patients who are harder to reach or have complex needs.

These proposals were presented to the September 2023 IAC, with topic-specific papers (relating to cancer, smoking, scheduled reviews, weight management, and pregnancy and neonates) containing draft indicators for use at either general practice level and potentially suitable for QOF or at network or system level. Proposals for new indicators on CVD risk assessment were also presented to this committee by NICE colleagues. The committee agreed to progress several of the draft indicators discussed (relating to smoking, weight management and pregnancy and neonates) directly for testing and consultation, with further exploration and refinement required prior to testing and consultation for draft indicators in the topics of CVD risk assessment and scheduled reviews. These additional exploratory discussions took place in October 2023.

In December 2023 NCCID received the final list of indicators to proceed to qualitative piloting from NICE, as listed in the following section.

Indicators progressed to piloting

Smoking

One draft indicator proceeded to piloting in January 2024:

Indicator 1: Cessation success in people with schizophrenia, bipolar affective disorder and other psychoses

The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months
(Network/system level indicator)

Cardiovascular disease prevention

Three draft indicators proceeded to piloting in January 2024:

Indicator 1: Risk assessment (general population)

The percentage of people aged 45 to 84 years who have a recorded CVD risk assessment score in the preceding 5 years.
(General practice indicator, suitable for QOF)

Indicator 2: Risk assessment (modifiable risk factors or comorbidities)

The percentage of people aged 43 to 84 years with a modifiable risk factor or comorbidity who have a recorded CVD risk assessment score in the preceding 3 years.
(General practice indicator, suitable for QOF)

Indicator 3: Risk assessment (modifiable risk factors)

The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded CVD risk assessment score in the preceding 3 years.
(General practice indicator, suitable for QOF)

Chronic obstructive pulmonary disease

One draft indicator proceeded to piloting in January 2024:

Indicator 1: Annual review (high risk patients)

The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale.
(General practice indicator, suitable for QOF)

Pregnancy and Neonates

Two draft indicators proceeded to piloting in January 2024:

Indicator 1: 6-week postnatal check

The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth.
(General practice indicator, suitable for QOF)

Indicator 2: 6-week postnatal check (complex social factors)

The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth.
(Network/system level indicator)

Weight Management

Four draft indicators proceeded to piloting in January 2024:

Indicator 1: Weight management advice (18-39 years)

The percentage of patients aged 18 to 39 years with a BMI of between 23 kg/m2 to 27.4 kg/m2 (or 25 and 30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been given appropriate weight management advice within 90 days of the BMI being recorded.
(General practice indicator, suitable for QOF)

Indicator 2: Referral for bariatric surgery

The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months.
(Network/system level indicator)

Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)

The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months.
(General practice indicator, suitable for QOF)

Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)

The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months.
(Network/system level indicator)

Method and approach to piloting

The full pilot standard methodology was presented at a previous IAC meeting (June 2019, Item 5d, Background paper on pilot methods, available from NICE on request). The January 2024 qualitative pilot was based on this methodology where possible, including the provision of a Clinical Information and Indicator Handbook produced by NCCID as a reference guide for the topics and indicators. Twenty-two practices participated in the pilot (practice recruitment is described in Appendix B). Practices were encouraged to discuss the indicators within their local practice meetings during the pilot period and practice views were collected via video conference call interviews and using an online survey. All 22 practices participated in the interviews (see Table 1).

For each of the five topics a topic guide was used to support the interviews (Appendix C) which consisted mainly of open questions, covering feasibility, impact, acceptability and any unintended consequences of the indicators. Due to practice availability interviews were restricted to 1 hour each and therefore not all topics were covered in each interview. NCCID endeavoured to achieve an even split of practices presented for each topic, though this varied slightly depending on time taken to cover topics in each call. While the topic guide provided a script for the calls, judgement was applied regarding follow up questions to ensure the best possible use of the available time. The interviews were recorded and transcribed.

An online survey covering all five topics was developed (Appendix D) to complement the more detailed questions asked in the interviews. The approach to designing the survey was as described in the full pilot standard methodology (June 2019, Item 5d, Background paper on pilot methods, available from NICE on request).

The survey was distributed within all 22 participating practices and fully completed by 51 respondents with partial completion by a further 13 respondents, therefore not all

respondents answered every question on all five topics. Denominators for all questions are shown in Appendix E. At least one survey was completed (or partially completed) by each of the 22 practices. The total number of staff to which the survey was distributed is unknown, therefore the response rate to the survey cannot be calculated.

General comments on the piloting process

This pilot commencing in January 2024 was a partial pilot based on qualitative feedback only, and practices were given a minimum of 4 weeks to discuss the indicators within their practice and collate feedback for the interviews. Practices were not asked to try to use the indicators, as would have been the case in a full quantitative and qualitative pilot over a longer period.

While 56 practices expressed an interest in participating in the pilot and responded to initial enquiries, only 22 practices participated in the final pilot (see Appendix B). This is likely to be due to increased demands on practices due to the winter period and the proximity of the timing of the feedback element to the financial year end.

Practices were encouraged to involve a wide range of staff in the pilot (with specific follow up from NCCID to encourage practice nurse involvement in particular) and Table 1 shows the feedback for each staff role.

Table 1: Pilot feedback participation by role and method

Staff role	**Interviews - number of participants**	**Survey – number of respondents**
GP	20	35
Pharmacist	2	1
Nurse	2	5
Practice Manager	11	14
Other senior management	2	3
Other clinical staff	0	2
Other administrative staff (including finance / I.T. / performance)	4	4
Number of participants from 22 practices	**41**	**64**

In summary, this pilot was a partial pilot using qualitative methods only in a small number of practices (see Appendix B for their representativeness), which should be taken into account when interpreting the feedback from practices.

Analysis of findings

A simple descriptive analysis was undertaken of the quantitative responses to the online survey. All responses from 64 survey respondents were included in the analysis. However, findings are presented using the number of respondents to the relevant question as the denominator. Free text responses from the online survey were analysed along with the interview transcripts as below.

The interviews with practice representatives were recorded, transcribed verbatim and analysed pragmatically using the topic guide as the framework but with flexibility to include additional issues identified.

Presentation of summary of pilot findings

In addition to the more detailed analyses presented in the individual pilot topic papers, each paper also contains a summary of NCCID's acceptability and implementation assessments for each piloted indicator, as well as a list of any issues to be resolved prior to implementation, should the committee agree to progress the indicator onto the NICE menu. Recommendations about indicator progression are provided in NICE's summary papers to the committee which, as well as referencing the pilot findings, also refer to other contextual data provided by NCCID in separate committee papers.

Appendix B: Practice recruitment

The methodology adopted by NCCID to identifying GP practices for primary care pilots, to ensure the inclusion of a nationally representative sample, was presented at a previous IAC meeting (June 2019, Item 5d, Background paper on pilot methods, available from NICE on request).

15 practices from the previous pilot expressed an interest in participating in the 2023/24 pilot programme, with 12 confirming their interest at this stage. As the objective was to have at least 30 practices remaining in the sample that were representative of England in terms of practice list size and level of deprivation, a resampling process was undertaken targeted at the strata that were underrepresented by these 12 practices.

44 practices initially expressed interest when contacted following the resampling process, in addition to the 12 practices from the previous pilot, resulting in 56 practices in total. One of the 12 from the previous pilot then dropped out, and 19 of the 44 practices from the resampling process were invited to participate in order to have a sample of 30 practices that were representative of England participating in the pilot.

Practice numbers in each stratum of practice list size and level of deprivation based on the Index of Multiple Deprivation 2019 at GP practice level are shown in Table 2 below. This represented almost 316,000 patients registered across the 30 practices.

Table 2: Pilot practice numbers by list size and deprivation stratum – initial 2024 cohort prior to confirmation of final timings

	Deprivation by IMD score			
List size	Least	Medium	Most	**Total**
Large	4	3	3	**10**
Medium	4	3	4	**11**
Small	3	2	4	**9**
Total	**11**	**8**	**11**	**30**

Once the timing of the qualitative pilot was confirmed as commencing in January 2024, the 30 practices who had initially agreed to participate were approached and 22 practices finally agreed to participate.

When comparing the final distribution of these 22 practices by list size and deprivation strata (Table 3), although all nine strata are represented, the 22 participating practices are not fully representative of GP practices in England. There were over 271,000 patients registered across the 22 practices.

It is possible that due to the demands in primary care at the time of pilot commencement, the practices that agreed to participate could be the result of an implicit selection bias, and potentially are more resilient or higher achieving practices.

Table 3: Pilot practice numbers by stratum – Final January 2024 cohort

	Deprivation by IMD score			
List size	Least	Medium	Most	**Total**
Large	5	3	2	**10**
Medium	3	2	2	**7**
Small	1	2	2	**5**
Total	**9**	**7**	**6**	**22**

Appendix C: Qualitative feedback topic guide

Topic Guide: Pregnancy and neonates

Indicator 1: 6-week postnatal check

a. What do you think of this indicator? (How does it align with current practice? Is this check currently undertaken by a GP as a separate appointment to the baby check? Is it straightforward to identify this patient group from your clinical system? Are all checks carried out in person?)

b. What aspects of postnatal health do you currently cover within the check?

c. What are your views on the timescale for the check?

d. Are there any groups of postnatal women for whom you would find achieving this indicator particularly challenging, and what might this mean for health inequalities?

Indicator 2: 6-week postnatal check (complex social factors)

a. What do you think of this additional indicator? (What are your processes for identifying and recording complex social factors for pregnant women? How feasible is it for practices to identify women in this subgroup at present? Could this present an opportunity to improve the recording of complex factors in clinical systems? Might this indicator help to improve health inequalities?)

b. What would you think about this as a PCN-level or a system-level indicator?

End of topic section – Anything else you'd like to say about these indicators that we haven't covered today?

Topic Guide: Smoking

Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses

a. What do you think of this indicator? (What is the value of this additional, mental health-focused outcomes-based indicator? How accurately do you think you will be able to identify these patients? How might this affect the care delivered to patients with SMI? Should any patients be excluded, and what might the impact be on health inequalities if so?)
b. What would you think about this as a PCN-level or a higher system-level indicator?
c. Are there specific complexities for smoking cessation for those with SMI? (Are standard services adequately equipped to help people with SMI? What are the added complications for supporting someone to stop smoking when they have SMI? Does vaping and the related costs play a part and if so, how does that affect inequalities?)

End of topic section – Anything else you'd like to say about these indicators that we haven't covered today?

Topic Guide: Weight management

Indicator 1: Weight management advice (18-39 years)

a. What do you think of this indicator? (How does it align with current practice? In what situations might you record the BMI of someone aged 18-39?)

b. What do you think about exclusions for this indicator? Are there any groups of patients you think should be automatically excluded?

c. Are there any drawbacks or potential perverse incentives associated with this indicator?

Indicator 2: Referral for bariatric surgery

a. What do you think of this indicator? (How does it align with current practice?)

b. What would you think about this as a PCN-level or a system-level indicator?

c. What do you think about the exclusions? (People with a referral for bariatric surgery more than 12 months ago are excluded. To confirm the exclusion of children and young people under 18 years. Are there any other groups who should be excluded, and if so how might this impact health inequalities?)

d. What are your views on bariatric surgery assessment services in terms of the availability / capacity of such services to refer into?

Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)

a. What do you think of this indicator? (How does it align with current practice? Does the (less than 24 month) follow up within the service happen consistently, or are you sometimes required to see patients sooner? Patient identification – is it feasible to identify all those who had bariatric surgery? Does that include those who had surgery outside the NHS (either in the UK or abroad)? Is the specific surgical procedure that was undertaken recorded in the clinical record? Is the follow-up procedure specific to this? Is it/should it be led by a GP?)

b. What do you think about the exclusions? (To confirm the exclusion of children and young people under 18 years. Are there any other groups who should be excluded, and might this impact on health inequalities?)

c. What do you currently cover within this monitoring review? (Do you feel the proposed indicator should require the recording of the separate aspects of the review, or just require recording that a review has taken place? Does the indicator measure quality of this follow up, or just that a follow-up has taken place?)
d. Are there any drawbacks or potential perverse incentives associated with this indicator.

Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)

a. What would you think about this as a PCN-level or a system-level indicator? (How feasible is this indicator?)
b. Anything else to discuss relating to this indicator?

End of topic section – Anything else you'd like to say about these indicators that we haven't covered today?

Topic Guide: Cardiovascular disease prevention

Indicator 1: Risk assessment (general population)

a. What do you think of this indicator? (How does it align with current practice? How are health checks currently offered and undertaken by practices (if at all)? What impact might this indicator have on quality of care for patients? What are the implications for workload? What are your views on whether some tools allow CVD scores to be based on estimates?)

b. What do you think about the exclusion criteria? (Are there any circumstances where patients could be either unintentionally excluded from or included in this indicator definition?)

c. Are there any drawbacks or potential perverse incentives associated with this indicator? (Are there issues regarding laboratory testing for lipid measurement if health check uptake increased? Might this widen health inequalities?)

Indicator 2: Risk assessment (modifiable risk factors or comorbidities)

a. What do you think about the inclusion and exclusion criteria? (Are there any circumstances where patients could be either unintentionally excluded from or included in this indicator definition? How accurate are the various risk factors and comorbidities?)

b. Do you think condition severity needs to be taken into account?

c. Do you think a focus on people with modifiable risk factors and/or comorbidities results in a greater impact in terms of quality of care compared to the indicator directed at the general population?

d. Are there any drawbacks or potential perverse incentives associated with this indicator?

Indicator 3: Risk assessment (modifiable risk factors)

a. What do you think about the inclusion and exclusion criteria?

End of topic section – Anything else you'd like to say about these indicators that we haven't covered today?

Topic Guide: COPD

Indicator 1: Annual review (high risk)

a. What do you think of this indicator? (What are your views on the intention / purpose of this indicator? Would it change practice? If you currently aren't able to offer an annual review to 100% of your COPD patients, do you have any planned contact with the others? Do you follow up patients who don't respond to an invitation for an annual review? What impact might this indicator have on quality of care? What are the implications for workload? Would a COPD review usually be held face-to-face or can they be done by phone?)

b. What do you think about the inclusion criteria? (Could you identify these patients in your clinical system (based on the criteria outlined in the pilot handbook)? Should clinical judgement also be included? Are there any circumstances where patients could be either unintentionally excluded from or included in this indicator definition? How might this affect patients who are hard-to-reach, including those with dementia (and also specifically housebound, lives in care home)? Might this indicator lead to improvements in the capture or recording of any of these factors?)

c. Are there any drawbacks or potential perverse incentives associated with this indicator, noting that we've already discussed inclusions/exclusions and the hard-to-reach?

End of topic section – Anything else you'd like to say about these indicators that we haven't covered today?

Appendix D: Online survey for GP practices

Tool used: SmartSurvey www.smartsurvey.co.uk

Q1-Q2 are not shown but relate to administration and consent being sought.		
Q3. What is your job role?	GP Pharmacist Nurse Practice Manager Other senior management Other clinical staff Other administrative staff (including finance/IT/performance)	
Q4. Please state your practice code - this is for administrative purposes only and will not be used to identify individuals in reports and outputs		Free text

Indicators relating to Pregnancy and Neonates

Q5. What impact do you think the following indicators could have on the quality of care for patients?	Q5.1. PN01: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (GP).	Improve / No change / Worsen
	Q5.2. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	Improve / No change / Worsen
Q6. Do you think the following indicators represent an issue that is important for patients, families and carers?	Q6.1. PN01: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (GP).	Yes / No / Unsure
	Q6.2. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	Yes / No / Unsure

Q7. Do you think the following indicators should be financially incentivised?	Q7.1. PN01: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (GP).	Yes / No / Unsure
	Q7.2. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	Yes / No / Unsure
Q8. Do you think the following indicators are suitable as an aid for quality improvement (without financial incentive)?	Q8.1. PN01: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (GP).	Yes / No / Unsure
	Q8.2. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	Yes / No / Unsure
Q9. Do you think the proposed upper time-limit of 12 weeks for the postnatal check indicators is appropriate?	Q9.1. PN01: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (GP).	Too high / About right / Too low
	Q9.2. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	Too high / About right / Too low
Q10. If you have answered 'Too high' or 'Too low' to Q9, please suggest the number of weeks you feel would be most appropriate for the upper time-limit for the postnatal check indicators, with reason(s), while specifying the indicator you are referring to:		Free text

<u>Indicators relating to Smoking</u>

Q11. What impact do you think the following indicator could have on the quality of care for patients?	Q11.1. SMK01: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months (PCN or ICS).	Improve / No change / Worsen
Q12. Do you think the following indicator represents an issue that is important for patients, families and carers?	Q12.1. SMK01: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months (PCN or ICS).	Yes / No / Unsure

Q13. Do you think the following indicator should be financially incentivised?	Q13.1. SMK01: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months (PCN or ICS).	Yes / No / Unsure
Q14. Do you think the following indicator is suitable as an aid for quality improvement (without financial incentive)?	Q14.1. SMK01: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months (PCN or ICS).	Yes / No / Unsure

Indicators relating to Weight Management

Q15. What impact do you think the following indicators could have on the quality of care for patients?	Q15.1. WM1: The percentage of patients aged 18 to 39 years with a BMI of between 23 kg/m2 to 27.4 kg/m2 (or 25 and 30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been given appropriate weight management advice within 90 days of the BMI being recorded (GP).	Improve / No change / Worsen
	Q15.2. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	Improve / No change / Worsen
	Q15.3. WM3: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months (GP).	Improve / No change / Worsen
	Q15.4. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	Improve / No change / Worsen
Q16. Do you think the following indicators represent an issue that is important for patients, families and carers?	Q16.1. WM1: The percentage of patients aged 18 to 39 years with a BMI of between 23 kg/m2 to 27.4 kg/m2 (or 25 and 30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been given appropriate weight management advice within 90 days of the BMI being recorded (GP).	Yes / No / Unsure

	Q16.2. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q16.3. WM3: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months (GP).	Yes / No / Unsure
	Q16.4. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	Yes / No / Unsure
Q17. Do you think the following indicators should be financially incentivised?	Q17.1. WM1: The percentage of patients aged 18 to 39 years with a BMI of between 23 kg/m2 to 27.4 kg/m2 (or 25 and 30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been given appropriate weight management advice within 90 days of the BMI being recorded (GP).	Yes / No / Unsure
	Q17.2. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q17.3. WM3: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months (GP).	Yes / No / Unsure
	Q17.4. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q18.1. WM1: The percentage of patients aged 18 to 39 years with a BMI of between 23 kg/m2 to 27.4 kg/m2 (or 25 and 30 kg/m2 if ethnicity is recorded	Yes / No / Unsure

Q18. Do you think the following indicators are suitable as an aid for quality improvement (without financial incentive)?	as White) in the preceding 12 months who have been given appropriate weight management advice within 90 days of the BMI being recorded (GP).	
	Q18.2. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q18.3. WM3: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months (GP).	Yes / No / Unsure
	Q18.4. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	Yes / No / Unsure
Q19. Is it appropriate for the following indicators to exclude children and young people?	Q19.1. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q19.2. WM3: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months (GP).	Yes / No / Unsure
	Q19.3. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	Yes / No / Unsure
Q20. Please provide more information for your response to Q19; in particular your reason(s) if your response was 'no'. Please specify the indicator(s) you are referring to:		Free text

Indicators relating to Cardiovascular Disease Prevention

Q21. What impact do you think the following indicators could have on the quality of care for patients?	Q21.1. CVDP1: The percentage of people aged 45 to 84 years who have a recorded CVD risk assessment score in the preceding 5 years (GP).	Improve / No change / Worsen
	Q21.2. CVDP2: The percentage of people aged 43 to 84 years with a modifiable risk factor or comorbidity who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Improve / No change / Worsen
	Q21.3. CVDP3: The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Improve / No change / Worsen
Q22. Do you think the following indicators represent an issue that is important for patients, families and carers?	Q22.1. CVDP1: The percentage of people aged 45 to 84 years who have a recorded CVD risk assessment score in the preceding 5 years (GP).	Yes / No / Unsure
	Q22.2. CVDP2: The percentage of people aged 43 to 84 years with a modifiable risk factor or comorbidity who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes / No / Unsure
	Q22.3. CVDP3: The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes / No / Unsure
Q23. Do you think the following indicators should be financially incentivised?	Q23.1. CVDP1: The percentage of people aged 45 to 84 years who have a recorded CVD risk assessment score in the preceding 5 years (GP).	Yes / No / Unsure
	Q23.2. CVDP2: The percentage of people aged 43 to 84 years with a modifiable risk factor or comorbidity who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes / No / Unsure
	Q23.3. CVDP3: The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes / No / Unsure
Q24. Do you think the following indicators are suitable as an aid for quality improvement (without financial incentive)?	Q24.1. CVDP1: The percentage of people aged 45 to 84 years who have a recorded CVD risk assessment score in the preceding 5 years (GP).	Yes / No / Unsure
	Q24.2. CVDP2: The percentage of people aged 43 to 84 years with a modifiable risk factor or comorbidity who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes / No / Unsure

	Q24.3. CVDP3: The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes / No / Unsure

Indicators relating to Chronic Obstructive Pulmonary Disease

Q25. What impact do you think the following indicator could have on the quality of care for patients?	Q25.1. COPD1: The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale (GP).	Improve / No change / Worsen
Q26. Do you think the following indicator represents an issue that is important for patients, families and carers?	Q26.1. COPD1: The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale (GP).	Yes / No / Unsure
Q27. Do you think the following indicator should be financially incentivised?	Q27.1. COPD1: The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale (GP).	Yes / No / Unsure
Q28. Do you think the following indicator is suitable as an aid for quality improvement (without financial incentive)?	Q28.1. COPD1: The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale (GP).	Yes / No / Unsure

All indicators

Q29. Should the wording be changed on any of the 11 indicators? If yes, please specify the indicator and describe the changes you would like to see below.	Q29.1. PN01: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (GP).	Yes / No / Unsure
	Q29.2. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	Yes / No / Unsure

	Q29.3. SMK01: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q29.4. WM1: The percentage of patients aged 18 to 39 years with a BMI of between 23 kg/m2 to 27.4 kg/m2 (or 25 and 30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been given appropriate weight management advice within 90 days of the BMI being recorded (GP).	Yes / No / Unsure
	Q29.5. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q29.6. WM3: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months (GP).	Yes / No / Unsure
	Q29.7. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q29.8. CVDP1: The percentage of people aged 45 to 84 years who have a recorded CVD risk assessment score in the preceding 5 years (GP).	Yes / No / Unsure
	Q29.9. CVDP2: The percentage of people aged 43 to 84 years with a modifiable risk factor or comorbidity who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes / No / Unsure
	Q29.10. CVDP3: The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes / No / Unsure
	Q29.11. COPD1: The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale (GP).	Yes / No / Unsure

	Q29.12. If "Yes", please suggest any wording changes and specify which indicator(s) you are referring to:	Free text
Q30. Could the supporting indicator guidance provided in the handbook be improved for any of the 11 indicators? If yes, please specify the indicator and describe the changes you would like to see below.	Q30.1. PN01: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (GP).	Yes / No / Unsure
	Q30.2. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	Yes / No / Unsure
	Q30.3. SMK01: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q30.4. WM1: The percentage of patients aged 18 to 39 years with a BMI of between 23 kg/m2 to 27.4 kg/m2 (or 25 and 30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been given appropriate weight management advice within 90 days of the BMI being recorded (GP).	Yes / No / Unsure
	Q30.5. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q30.6. WM3: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months (GP).	Yes / No / Unsure
	Q30.7. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q30.8. CVDP1: The percentage of people aged 45 to 84 years who have a recorded CVD risk assessment score in the preceding 5 years (GP).	Yes / No / Unsure
	Q30.9. CVDP2: The percentage of people aged 43 to 84 years with a modifiable risk factor or comorbidity who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes / No / Unsure

	Q30.10. CVDP3: The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes / No / Unsure
	Q30.11. COPD1: The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale (GP).	Yes / No / Unsure
	Q30.12. If yes, please specify the indicator and describe the changes you would like to see.	Free text
Q31. Will the requirements relating to each indicator generate additional administrative workload?	Q31.1. PN01: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (GP).	Yes, definitely / Yes, to some extent / No / Unsure
	Q31.2. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	Yes, definitely / Yes, to some extent / No / Unsure
	Q31.3. SMK01: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months (PCN or ICS).	Yes, definitely / Yes, to some extent / No / Unsure
	Q31.4. WM1: The percentage of patients aged 18 to 39 years with a BMI of between 23 kg/m2 to 27.4 kg/m2 (or 25 and 30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been given appropriate weight management advice within 90 days of the BMI being recorded (GP).	Yes, definitely / Yes, to some extent / No / Unsure
	Q31.5. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	Yes, definitely / Yes, to some extent / No / Unsure
	Q31.6. WM3: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months (GP).	Yes, definitely / Yes, to some

		extent / No / Unsure
	Q31.7. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	Yes, definitely / Yes, to some extent / No / Unsure
	Q31.8. CVDP1: The percentage of people aged 45 to 84 years who have a recorded CVD risk assessment score in the preceding 5 years (GP).	Yes, definitely / Yes, to some extent / No / Unsure
	Q31.9. CVDP2: The percentage of people aged 43 to 84 years with a modifiable risk factor or comorbidity who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes, definitely / Yes, to some extent / No / Unsure
	Q31.10. CVDP3: The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes, definitely / Yes, to some extent / No / Unsure
	Q31.11. COPD1: The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale (GP).	Yes, definitely / Yes, to some extent / No / Unsure
Q32. Will the requirements relating to each indicator generate additional clinical workload?	Q32.1. PN01: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (GP).	Yes, definitely / Yes, to some extent / No / Unsure
	Q32.2. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	Yes, definitely / Yes, to some extent / No / Unsure
	Q32.3. SMK01: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the	Yes, definitely / Yes, to some

	previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months (PCN or ICS).	extent / No / Unsure
	Q32.4. WM1: The percentage of patients aged 18 to 39 years with a BMI of between 23 kg/m2 to 27.4 kg/m2 (or 25 and 30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been given appropriate weight management advice within 90 days of the BMI being recorded (GP).	Yes, definitely / Yes, to some extent / No / Unsure
	Q32.5. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	Yes, definitely / Yes, to some extent / No / Unsure
	Q32.6. WM3: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months (GP).	Yes, definitely / Yes, to some extent / No / Unsure
	Q32.7. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	Yes, definitely / Yes, to some extent / No / Unsure
	Q32.8. CVDP1: The percentage of people aged 45 to 84 years who have a recorded CVD risk assessment score in the preceding 5 years (GP).	Yes, definitely / Yes, to some extent / No / Unsure
	Q32.9. CVDP2: The percentage of people aged 43 to 84 years with a modifiable risk factor or comorbidity who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes, definitely / Yes, to some extent / No / Unsure
	Q32.10. CVDP3: The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes, definitely / Yes, to some extent / No / Unsure
	Q32.11. COPD1: The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months,	Yes, definitely / Yes, to some

	including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale (GP).	extent / No / Unsure
Q33. Which staff group(s) would be most affected by the clinical requirements of each indicator? (you can select more than 1 option per indicator)	Q33.1. PN01: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (GP).	GP / Nursing / Pharmacist / Other clinical / Unsure
	Q33.2. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	GP / Nursing / Pharmacist / Other clinical / Unsure
	Q33.3. SMK01: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months (PCN or ICS).	GP / Nursing / Pharmacist / Other clinical / Unsure
	Q33.4. WM1: The percentage of patients aged 18 to 39 years with a BMI of between 23 kg/m2 to 27.4 kg/m2 (or 25 and 30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been given appropriate weight management advice within 90 days of the BMI being recorded (GP).	GP / Nursing / Pharmacist / Other clinical / Unsure
	Q33.5. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	GP / Nursing / Pharmacist / Other clinical / Unsure
	Q33.6. WM3: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months (GP).	GP / Nursing / Pharmacist / Other clinical / Unsure
	Q33.7. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	GP / Nursing / Pharmacist / Other clinical / Unsure
	Q33.8. CVDP1: The percentage of people aged 45 to 84 years who have a recorded CVD risk assessment score in the preceding 5 years (GP).	GP / Nursing / Pharmacist /

		Other clinical / Unsure
	Q33.9. CVDP2: The percentage of people aged 43 to 84 years with a modifiable risk factor or comorbidity who have a recorded CVD risk assessment score in the preceding 3 years (GP).	GP / Nursing / Pharmacist / Other clinical / Unsure
	Q33.10. CVDP3: The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded CVD risk assessment score in the preceding 3 years (GP).	GP / Nursing / Pharmacist / Other clinical / Unsure
	Q33.11. COPD1: The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale (GP).	GP / Nursing / Pharmacist / Other clinical / Unsure
Q34. Can you foresee any appointment capacity issues in the practice relating to the indicators?	Q34.1. PN01: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (GP).	Yes / No / Unsure
	Q34.2. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	Yes / No / Unsure
	Q34.3. SMK01: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q34.4. WM1: The percentage of patients aged 18 to 39 years with a BMI of between 23 kg/m2 to 27.4 kg/m2 (or 25 and 30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been given appropriate weight management advice within 90 days of the BMI being recorded (GP).	Yes / No / Unsure
	Q34.5. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	Yes / No / Unsure

	Q34.6. WM3: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months (GP).	Yes / No / Unsure
	Q34.7. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q34.8. CVDP1: The percentage of people aged 45 to 84 years who have a recorded CVD risk assessment score in the preceding 5 years (GP).	Yes / No / Unsure
	Q34.9. CVDP2: The percentage of people aged 43 to 84 years with a modifiable risk factor or comorbidity who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes / No / Unsure
	Q34.10. CVDP3: The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes / No / Unsure
	Q34.11. COPD1: The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale (GP).	Yes / No / Unsure
Q35. Can you foresee any other time pressure issues in the practice relating to the indicators?	Q35.1. PN01: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (GP).	Yes / No / Unsure
	Q35.2. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	Yes / No / Unsure
	Q35.3. SMK01: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q35.4. WM1: The percentage of patients aged 18 to 39 years with a BMI of between 23 kg/m2 to 27.4 kg/m2 (or 25 and 30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been given appropriate weight management advice within 90 days of the BMI being recorded (GP).	Yes / No / Unsure

	Q35.5. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q35.6. WM3: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months (GP).	Yes / No / Unsure
	Q35.7. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q35.8. CVDP1: The percentage of people aged 45 to 84 years who have a recorded CVD risk assessment score in the preceding 5 years (GP).	Yes / No / Unsure
	Q35.9. CVDP2: The percentage of people aged 43 to 84 years with a modifiable risk factor or comorbidity who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes / No / Unsure
	Q35.10. CVDP3: The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes / No / Unsure
	Q35.11. COPD1: The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale (GP).	Yes / No / Unsure
Q36. Do you think there would need to be any changes to the appointment type (for example staff delivering the appointment, or mode of appointment) for the following indicators? Please elaborate in the free text box below this question.	Q36.1. PN01: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (GP).	Yes / No / Unsure
	Q36.2. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	Yes / No / Unsure
	Q36.3. SMK01: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months (PCN or ICS).	Yes / No / Unsure

	Q36.4. WM1: The percentage of patients aged 18 to 39 years with a BMI of between 23 kg/m2 to 27.4 kg/m2 (or 25 and 30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been given appropriate weight management advice within 90 days of the BMI being recorded (GP).	Yes / No / Unsure
	Q36.5. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q36.6. WM3: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months (GP).	Yes / No / Unsure
	Q36.7. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	Yes / No / Unsure
	Q36.8. CVDP1: The percentage of people aged 45 to 84 years who have a recorded CVD risk assessment score in the preceding 5 years (GP).	Yes / No / Unsure
	Q36.9. CVDP2: The percentage of people aged 43 to 84 years with a modifiable risk factor or comorbidity who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes / No / Unsure
	Q36.10. CVDP3: The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes / No / Unsure
	Q36.11. COPD1: The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale (GP).	Yes / No / Unsure
	Q36.12. If yes, please specify the indicator and describe the changes you think would be necessary, here:	Free text
Q37. Do you think there would need to be any changes to appointment length for the	Q37.1. PN01: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (GP).	Standard appointment /

following indicators? Please elaborate in the free text box provided below this question.		Extended appointment
	Q37.2. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	Standard appointment / Extended appointment
	Q37.3. SMK01: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months (PCN or ICS).	Standard appointment / Extended appointment
	Q37.4. WM1: The percentage of patients aged 18 to 39 years with a BMI of between 23 kg/m2 to 27.4 kg/m2 (or 25 and 30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been given appropriate weight management advice within 90 days of the BMI being recorded (GP).	Standard appointment / Extended appointment
	Q37.5. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	Standard appointment / Extended appointment
	Q37.6. WM3: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months (GP).	Standard appointment / Extended appointment
	Q37.7. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	Standard appointment / Extended appointment
	Q37.8. CVDP1: The percentage of people aged 45 to 84 years who have a recorded CVD risk assessment score in the preceding 5 years (GP).	Standard appointment / Extended appointment

	Q37.9. CVDP2: The percentage of people aged 43 to 84 years with a modifiable risk factor or comorbidity who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Standard appointment / Extended appointment
	Q37.10. CVDP3: The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Standard appointment / Extended appointment
	Q37.11. COPD1: The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale (GP).	Standard appointment / Extended appointment
	Q37.12. If yes, please specify the indicator and describe the changes you think would be necessary, here:	Free text
Q38. If the draft indicators were introduced into a national indicator menu or a primary care contract such as QOF, would practice staff need to undertake any additional training? (tick box if additional training is required)	Q38.1. Pregnancy and neonates indicators	Clinical staff / Administrative staff
	Q38.2. Smoking indicators	Clinical staff / Administrative staff
	Q38.3. Weight management indicators	Clinical staff / Administrative staff
	Q38.4. Cardiovascular disease prevention indicators	Clinical staff / Administrative staff
	Q38.5. Chronic obstructive pulmonary disease indicators	Clinical staff / Administrative staff
Q39. What do you think is the most appropriate level for each indicator	Q39.1. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	PCN / ICS / Unsure

proposed at a higher level than general practice?	Q39.2. SMK01: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months (PCN or ICS).	PCN / ICS / Unsure
	Q39.3. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	PCN / ICS / Unsure
	Q39.4. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	PCN / ICS / Unsure
	Q39.5. Please provide more information and reasoning here, specifying which indicator you are referring to:	Free text
Q40. Are there any other issues that would need to be resolved, or are there any barriers that would need to be addressed at an ICB or national level to enable any of the 11 indicators to succeed?		Yes / No / Unsure Free text when Yes selected
Q41. Are there any factors or services outside of the practice that could affect the achievement of any of the 11 indicators?		Yes / No / Unsure Free text when Yes selected
Q42. What do you consider the impact will be on health inequalities for each of the 11 indicators?	Q42.1. PN01: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (GP).	Positive impact / Negative impact / Unsure or mixed impact
	Q42.2. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	Positive impact / Negative impact / Unsure

		or mixed impact
	Q42.3. SMK01: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months (PCN or ICS).	Positive impact / Negative impact / Unsure or mixed impact
	Q42.4. WM1: The percentage of patients aged 18 to 39 years with a BMI of between 23 kg/m2 to 27.4 kg/m2 (or 25 and 30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been given appropriate weight management advice within 90 days of the BMI being recorded (GP).	Positive impact / Negative impact / Unsure or mixed impact
	Q42.5. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	Positive impact / Negative impact / Unsure or mixed impact
	Q42.6. WM3: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months (GP).	Positive impact / Negative impact / Unsure or mixed impact
	Q42.7. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	Positive impact / Negative impact / Unsure or mixed impact
	Q42.8. CVDP1: The percentage of people aged 45 to 84 years who have a recorded CVD risk assessment score in the preceding 5 years (GP).	Positive impact / Negative impact / Unsure or mixed impact

	Q42.9. CVDP2: The percentage of people aged 43 to 84 years with a modifiable risk factor or comorbidity who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Positive impact / Negative impact / Unsure or mixed impact
	Q42.10. CVDP3: The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Positive impact / Negative impact / Unsure or mixed impact
	Q42.11. COPD1: The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale (GP).	Positive impact / Negative impact / Unsure or mixed impact
	Q42.12. Please provide more information and reasoning here, specifying which indicator you are referring to:	Free text
Q43. Are there any unintended positive or negative consequences that you can think of that could be experienced locally if any of the 11 indicators were introduced nationally?	Q43.1. PN01: The percentage of women who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (GP).	Yes, positive / Yes, Negative / No / Unsure
	Q43.2. PN02: The percentage of women with complex social factors who gave birth in the preceding 12 months who had a GP postnatal check 6 to 12 weeks after giving birth (PCN or ICS).	Yes, positive / Yes, Negative / No / Unsure
	Q43.3. SMK01: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses recorded as current smokers in the previous 1 to 3 years, who were recorded as ex-smokers in the preceding 12 months (PCN or ICS).	Yes, positive / Yes, Negative / No / Unsure
	Q43.4. WM1: The percentage of patients aged 18 to 39 years with a BMI of between 23 kg/m2 to 27.4 kg/m2 (or 25 and 30 kg/m2 if ethnicity is recorded as White) in the preceding 12 months who have been given appropriate weight management advice within 90 days of the BMI being recorded (GP).	Yes, positive / Yes, Negative / No / Unsure

	Q43.5. WM2: The percentage of patients aged 18 years and over with a BMI measured in the preceding 12 months of 37.5 kg/m2 or more (or 40 kg/m2 or more if ethnicity is recorded as White) who have been offered referral for comprehensive bariatric surgery assessment within the preceding 12 months (PCN or ICS).	Yes, positive / Yes, Negative / No / Unsure
	Q43.6. WM3: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up more than 12 months previously with a record of nutritional status monitoring in the preceding 12 months (GP).	Yes, positive / Yes, Negative / No / Unsure
	Q43.7. WM4: The percentage of patients aged 18 years and over discharged from bariatric surgery service follow-up in the previous 12 to 24 months, with a record of nutritional status monitoring in the preceding 12 months (PCN or ICS).	Yes, positive / Yes, Negative / No / Unsure
	Q43.8. CVDP1: The percentage of people aged 45 to 84 years who have a recorded CVD risk assessment score in the preceding 5 years (GP).	Yes, positive / Yes, Negative / No / Unsure
	Q43.9. CVDP2: The percentage of people aged 43 to 84 years with a modifiable risk factor or comorbidity who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes, positive / Yes, Negative / No / Unsure
	Q43.10. CVDP3: The percentage of people aged 43 to 84 years with a modifiable risk factor who have a recorded CVD risk assessment score in the preceding 3 years (GP).	Yes, positive / Yes, Negative / No / Unsure
	Q43.11. COPD1: The percentage of people with COPD at higher risk of hospital admission who have had a review in the preceding 12 months, including a record of the number of exacerbations and an assessment of breathlessness using the Medical Research Council dyspnoea scale (GP).	Yes, positive / Yes, Negative / No / Unsure
	Q43.12. If "Yes", please expand on the consequences and specify which indicator(s) you are referring to:	Free text
Q44. This is the last question. Is there anything else you would like to share with us about any indicator, topic, or the pilot as a whole?		Free text

Appendix E: Online survey results (quantitative responses)

Table E1: Online Survey for GP Practices Results – Pregnancy & Neonates

5. What impact do you think the following indicators could have on the quality of care for patients?				
	Improve	No change	Worsen	Total
Indicator 1: 6-week postnatal check	33 (51.6%)	31 (48.4%)	0 (0.0%)	64
Indicator 2: 6-week postnatal check (complex social factors)	39 (60.9%)	24 (37.5%)	1 (1.6%)	64

6. Do you think the following indicators represent an issue that is important for patients, families and carers?				
	Yes	No	Unsure	Total
Indicator 1: 6-week postnatal check	46 (71.9%)	9 (14.1%)	9 (14.1%)	64
Indicator 2: 6-week postnatal check (complex social factors)	44 (68.8%)	8 (12.5%)	12 (18.8%)	64

Please note where percentages do not total 100%, this is as a result of rounding.

7. Do you think the following indicators should be financially incentivised?				
	Yes	No	Unsure	Total
Indicator 1: 6-week postnatal check	45 (70.3%)	7 (10.9%)	12 (18.8%)	64
Indicator 2: 6-week postnatal check (complex social factors)	39 (60.9%)	13 (20.3%)	12 (18.8%)	64

8. Do you think the following indicators are suitable as an aid for quality improvement (without financial incentive)?				
	Yes	No	Unsure	Total
Indicator 1: 6-week postnatal check	32 (50.0%)	16 (25.0%)	16 (25.0%)	64
Indicator 2: 6-week postnatal check (complex social factors)	26 (40.6%)	22 (34.4%)	16 (25.0%)	64

9. Do you think the proposed upper time-limit of 12 weeks for the postnatal check indicators is appropriate?				
	Too high	About right	Too low	Total
Indicator 1: 6-week postnatal check	8 (12.5%)	50 (78.1%)	6 (9.4%)	64
Indicator 2: 6-week postnatal check (complex social factors)	10 (15.6%)	43 (67.2%)	11 (17.2%)	64

29. Should the wording be changed on any of the 11 indicators?				
	Yes	No	Unsure	Total
Indicator 1: 6-week postnatal check	10 (19.2%)	37 (71.2%)	5 (9.6%)	52
Indicator 2: 6-week postnatal check (complex social factors)	17 (32.7%)	29 (55.8%)	6 (11.5%)	52

30. Could the supporting indicator guidance provided in the handbook be improved for any of the 11 indicators?				
	Yes	No	Unsure	Total
Indicator 1: 6-week postnatal check	5 (9.6%)	36 (69.2%)	11 (21.2%)	52
Indicator 2: 6-week postnatal check (complex social factors)	9 (17.3%)	30 (57.7%)	13 (25.0%)	52

31. Will the requirements relating to each indicator generate additional administrative workload?					
	Yes, definitely	Yes, to some extent	No	Unsure	Total
Indicator 1: 6-week postnatal check	10 (19.2%)	17 (32.7%)	23 (44.2%)	2 (3.8%)	52
Indicator 2: 6-week postnatal check (complex social factors)	21 (40.4%)	22 (42.3%)	7 (13.5%)	2 (3.8%)	52

Please note where percentages do not total 100%, this is as a result of rounding.

32. Will the requirements relating to each indicator generate additional clinical workload?					
	Yes, definitely	Yes, to some extent	No	Unsure	Total
Indicator 1: 6-week postnatal check	9 (17.3%)	8 (15.4%)	30 (57.7%)	5 (9.6%)	52
Indicator 2: 6-week postnatal check (complex social factors)	14 (26.9%)	16 (30.8%)	18 (34.6%)	4 (7.7%)	52

33. Which staff group(s) would be most affected by the clinical requirements of each indicator?						
	GP	Nursing	Pharmacist	Other clinical	Unsure	Respondents* (n)
Indicator 1: 6-week postnatal check	42 (80.8%)	8 (15.4%)	1 (1.9%)	4 (7.7%)	9 (17.3%)	52
Indicator 2: 6-week postnatal check (complex social factors)	43 (82.7%)	6 (11.5%)	1 (1.9%)	4 (7.7%)	8 (15.4%)	52

* This is a multiple response question, so the number of responses per indicator/row totals more than the number who answered the question, as respondents could select more than one response.

34. Can you foresee any appointment capacity issues in the practice relating to the indicators?				
	Yes	No	Unsure	Total
Indicator 1: 6-week postnatal check	11 (21.2%)	39 (75.0%)	2 (3.8%)	52
Indicator 2: 6-week postnatal check (complex social factors)	14 (26.9%)	35 (67.3%)	3 (5.8%)	52

35. Can you foresee any other time pressure issues in the practice relating to the indicators?				
	Yes	No	Unsure	Total
Indicator 1: 6-week postnatal check	14 (26.9%)	31 (59.6%)	7 (13.5%)	52
Indicator 2: 6-week postnatal check (complex social factors)	25 (48.1%)	20 (38.5%)	7 (13.5%)	52

Please note where percentages do not total 100%, this is as a result of rounding.

36. Do you think there would need to be any changes to the appointment type (for example staff delivering the appointment, or mode of appointment) for the following indicators?				
	Yes	No	Unsure	Total
Indicator 1: 6-week postnatal check	9 (17.3%)	35 (67.3%)	8 (15.4%)	52
Indicator 2: 6-week postnatal check (complex social factors)	11 (21.2%)	33 (63.5%)	8 (15.4%)	52

Please note where percentages do not total 100%, this is as a result of rounding.

37. Do you think there would need to be any changes to appointment length for the following indicators?			
	Standard appointment	Extended appointment	Total
Indicator 1: 6-week postnatal check	32 (61.5%)	20 (38.5%)	52
Indicator 2: 6-week postnatal check (complex social factors)	13 (25.0%)	39 (75.0%)	52

38. If the draft indicators were introduced into a national indicator menu or a primary care contract such as QOF, would practice staff need to undertake any additional training?			
	Yes	No	Total
Clinical staff	24 (47.1%)	27 (52.9%)	51
Admin staff	21 (41.2%)	30 (58.8%)	51

39. What do you think is the most appropriate level for each indicator proposed at a higher level than general practice?				
	PCN	ICS	Unsure	Total
Indicator 1: 6-week postnatal check	21 (41.2%)	15 (29.4%)	15 (29.4%)	51

42. What do you consider the impact will be on health inequalities for each of the 11 indicators?				
	Positive impact	Negative impact	Unsure or mixed impact	Total
Indicator 1: 6-week postnatal check	26 (51.0%)	1 (2.0%)	24 (47.1%)	51
Indicator 2: 6-week postnatal check (complex social factors)	35 (68.6%)	2 (3.9%)	14 (27.5%)	51

Please note where percentages do not total 100%, this is as a result of rounding.

43. Are there any unintended positive or negative consequences that you can think of that could be experienced locally if any of the 11 indicators were introduced nationally?					
	Yes, positive	Yes, negative	No	Unsure	Total
Indicator 1: 6-week postnatal check	8 (15.7%)	2 (3.9%)	34 (66.7%)	7 (13.7%)	51
Indicator 2: 6-week postnatal check (complex social factors)	11 (21.6%)	8 (15.7%)	25 (49.0%)	7 (13.7%)	51

Table E2: Online Survey for GP Practices Results – Smoking

11. What impact do you think the following indicator could have on the quality of care for patients?				
	Improve	No change	Worsen	Total
Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses	17 (26.6%)	40 (62.5%)	7 (10.9%)	64

12. Do you think the following indicator represents an issue that is important for patients, families and carers?				
	Yes	No	Unsure	Total
Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses	18 (28.1%)	31 (48.4%)	15 (23.4%)	64

Please note where percentages do not total 100%, this is as a result of rounding.

13. Do you think the following indicator should be financially incentivised?				
	Yes	No	Unsure	Total
Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses	21 (32.8%)	31 (48.4%)	12 (18.8%)	64

14. Do you think the following indicator is suitable as an aid for quality improvement (without financial incentive)?				
	Yes	No	Unsure	Total
Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses	14 (21.9%)	36 (56.3%)	14 (21.9%)	64

Please note where percentages do not total 100%, this is as a result of rounding.

29. Should the wording be changed on any of the 11 indicators?				
	Yes	No	Unsure	Total
Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses	9 (17.3%)	34 (65.4%)	9 (17.3%)	52

30. Could the supporting indicator guidance provided in the handbook be improved for any of the 11 indicators?				
	Yes	No	Unsure	Total
Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses	3 (5.8%)	35 (67.3%)	14 (26.9%)	52

31. Will the requirements relating to each indicator generate additional administrative workload?					
	Yes, definitely	Yes, to some extent	No	Unsure	Total
Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses	22 (42.3%)	19 (36.5%)	7 (13.5%)	4 (7.7%)	52

32. Will the requirements relating to each indicator generate additional clinical workload?					
	Yes, definitely	Yes, to some extent	No	Unsure	Total
Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses	15 (28.8%)	20 (38.5%)	13 (25.0%)	4 (7.7%)	52

33. Which staff group(s) would be most affected by the clinical requirements of each indicator?						
	GP	Nursing	Pharmacist	Other clinical	Unsure	Respondents* (n)
Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses	26 (50.0%)	24 (46.2%)	14 (26.9%)	17 (32.7%)	6 (11.5%)	52

* This is a multiple response question, so the number of responses per indicator/row totals more than the number who answered the question, as respondents could select more than one response.

34. Can you foresee any appointment capacity issues in the practice relating to the indicators?				
	Yes	No	Unsure	Total
Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses	15 (28.8%)	29 (55.8%)	8 (15.4%)	52

35. Can you foresee any other time pressure issues in the practice relating to the indicators?				
	Yes	No	Unsure	Total
Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses	26 (50.0%)	20 (38.5%)	6 (11.5%)	52

36. Do you think there would need to be any changes to the appointment type (for example staff delivering the appointment, or mode of appointment) for the following indicators?				
	Yes	No	Unsure	Total
Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses	10 (19.2%)	33 (63.5%)	9 (17.3%)	52

37. Do you think there would need to be any changes to appointment length for the following indicators?			
	Standard appointment	Extended appointment	Total
Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses	26 (50.0%)	26 (50.0%)	52

38. If the draft indicators were introduced into a national indicator menu or a primary care contract such as QOF, would practice staff need to undertake any additional training?			
	Yes	No	Total
Clinical staff	18 (35.3%)	33 (64.7%)	51
Admin staff	24 (47.1%)	27 (52.9%)	51

39. What do you think is the most appropriate level for each indicator proposed at a higher level than general practice?				
	PCN	ICS	Unsure	Total
Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses	22 (43.1%)	10 (19.6%)	19 (37.3%)	51

42. What do you consider the impact will be on health inequalities for each of the 11 indicators?				
	Positive impact	Negative impact	Unsure or mixed impact	Total
Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses	23 (45.1%)	3 (5.9%)	25 (49.0%)	51

43. Are there any unintended positive or negative consequences that you can think of that could be experienced locally if any of the 11 indicators were introduced nationally?					
	Yes, positive	Yes, negative	No	Unsure	Total
Indicator 1: Cessation success in people with bipolar, schizophrenia and other psychoses	5 (9.8%)	12 (23.5%)	17 (33.3%)	17 (33.3%)	51

Please note where percentages do not total 100%, this is as a result of rounding.

Table E3: Online Survey for GP Practices Results – Weight Management

15. What impact do you think the following indicators could have on the quality of care for patients?				
	Improve	No change	Worsen	Total
Indicator 1: Weight management advice (18-39 years)	26 (45.6%)	26 (45.6%)	5 (8.8%)	57
Indicator 2: Referral for bariatric surgery	35 (61.4%)	20 (35.1%)	2 (3.5%)	57
Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)	32 (56.1%)	20 (35.1%)	5 (8.8%)	57
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	29 (50.9%)	24 (42.1%)	4 (7.0%)	57

16. Do you think the following indicators represent an issue that is important for patients, families and carers?				
	Yes	No	Unsure	Total
Indicator 1: Weight management advice (18-39 years)	21 (36.8%)	22 (38.6%)	14 (24.6%)	57
Indicator 2: Referral for bariatric surgery	32 (56.1%)	12 (21.1%)	13 (22.8%)	57
Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)	28 (49.1%)	17 (29.8%)	12 (21.1%)	57
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	28 (49.1%)	17 (29.8%)	12 (21.1%)	57

17. Do you think the following indicators should be financially incentivised?				
	Yes	No	Unsure	Total
Indicator 1: Weight management advice (18-39 years)	34 (59.6%)	15 (26.3%)	8 (14.0%)	57
Indicator 2: Referral for bariatric surgery	35 (61.4%)	12 (21.1%)	10 (17.5%)	57
Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)	32 (56.1%)	15 (26.3%)	10 (17.5%)	57
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	33 (57.9%)	14 (24.6%)	10 (17.5%)	57

Please note where percentages do not total 100%, this is as a result of rounding.

18. Do you think the following indicators are suitable as an aid for quality improvement (without financial incentive)?				
	Yes	No	Unsure	Total
Indicator 1: Weight management advice (18-39 years)	20 (35.1%)	28 (49.1%)	9 (15.8%)	57
Indicator 2: Referral for bariatric surgery	19 (33.3%)	29 (50.9%)	9 (15.8%)	57
Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)	18 (31.6%)	28 (49.1%)	11 (19.3%)	57
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	18 (31.6%)	28 (49.1%)	11 (19.3%)	57

19. Is it appropriate for the following indicators to exclude children and young people?				
	Yes	No	Unsure	Total
Indicator 2: Referral for bariatric surgery	46 (80.7%)	5 (8.8%)	6 (10.5%)	57
Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)	40 (70.2%)	10 (17.5%)	7 (12.3%)	57
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	41 (71.9%)	9 (15.8%)	7 (12.3%)	57

29. Should the wording be changed on any of the 11 indicators?				
	Yes	No	Unsure	Total
Indicator 1: Weight management advice (18-39 years)	5 (9.6%)	38 (73.1%)	9 (17.3%)	52
Indicator 2: Referral for bariatric surgery	8 (15.4%)	34 (65.4%)	10 (19.2%)	52
Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)	7 (13.5%)	35 (67.3%)	10 (19.2%)	52
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	7 (13.5%)	34 (65.4%)	11 (21.2%)	52

Please note where percentages do not total 100%, this is as a result of rounding.

30. Could the supporting indicator guidance provided in the handbook be improved for any of the 11 indicators?				
	Yes	No	Unsure	Total
Indicator 1: Weight management advice (18-39 years)	6 (11.5%)	30 (57.7%)	16 (30.8%)	52
Indicator 2: Referral for bariatric surgery	4 (7.7%)	32 (61.5%)	16 (30.8%)	52
Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)	3 (5.8%)	35 (67.3%)	14 (26.9%)	52
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	3 (5.8%)	35 (67.3%)	14 (26.9%)	52

31. Will the requirements relating to each indicator generate additional administrative workload?					
	Yes, definitely	Yes, to some extent	No	Unsure	Total
Indicator 1: Weight management advice (18-39 years)	27 (51.9%)	18 (34.6%)	3 (5.8%)	4 (7.7%)	52
Indicator 2: Referral for bariatric surgery	26 (50.0%)	20 (38.5%)	2 (3.8%)	4 (7.7%)	52
Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)	26 (50.0%)	18 (34.6%)	5 (9.6%)	3 (5.8%)	52
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	27 (51.9%)	20 (38.5%)	2 (3.8%)	3 (5.8%)	52

32. Will the requirements relating to each indicator generate additional clinical workload?					
	Yes, definitely	Yes, to some extent	No	Unsure	Total
Indicator 1: Weight management advice (18-39 years)	26 (50.0%)	18 (34.6%)	4 (7.7%)	4 (7.7%)	52
Indicator 2: Referral for bariatric surgery	29 (55.8%)	18 (34.6%)	1 (1.9%)	4 (7.7%)	52
Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)	28 (53.8%)	17 (32.7%)	3 (5.8%)	4 (7.7%)	52
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	27 (51.9%)	19 (36.5%)	2 (3.8%)	4 (7.7%)	52

Please note where percentages do not total 100%, this is as a result of rounding.

33. Which staff group(s) would be most affected by the clinical requirements of each indicator?						
	GP	Nursing	Pharmacist	Other clinical	Unsure	Respondents* (n)
Indicator 1: Weight management advice (18-39 years)	22 (42.3%)	35 (67.3%)	10 (19.2%)	20 (38.5%)	6 (11.5%)	52
Indicator 2: Referral for bariatric surgery	35 (67.3%)	26 (50.0%)	10 (19.2%)	14 (26.9%)	5 (9.6%)	52
Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)	32 (61.5%)	28 (53.8%)	13 (25.0%)	16 (30.8%)	5 (9.6%)	52
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	31 (59.6%)	27 (51.9%)	13 (25.0%)	16 (30.8%)	5 (9.6%)	52

* This is a multiple response question, so the number of responses per indicator/row totals more than the number who answered the question, as respondents could select more than one response.

34. Can you foresee any appointment capacity issues in the practice relating to the indicators?				
	Yes	No	Unsure	Total
Indicator 1: Weight management advice (18-39 years)	32 (61.5%)	13 (25.0%)	7 (13.5%)	52
Indicator 2: Referral for bariatric surgery	34 (65.4%)	11 (21.2%)	7 (13.5%)	52
Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)	35 (67.3%)	7 (13.5%)	10 (19.2%)	52
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	34 (65.4%)	7 (13.5%)	11 (21.2%)	52

Please note where percentages do not total 100%, this is as a result of rounding.

35. Can you foresee any other time pressure issues in the practice relating to the indicators?				
	Yes	No	Unsure	Total
Indicator 1: Weight management advice (18-39 years)	35 (67.3%)	11 (21.2%)	6 (11.5%)	52
Indicator 2: Referral for bariatric surgery	35 (67.3%)	11 (21.2%)	6 (11.5%)	52
Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)	35 (67.3%)	10 (19.2%)	7 (13.5%)	52
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	35 (67.3%)	9 (17.3%)	8 (15.4%)	52

36. Do you think there would need to be any changes to the appointment type (for example staff delivering the appointment, or mode of appointment) for the following indicators?				
	Yes	No	Unsure	Total
Indicator 1: Weight management advice (18-39 years)	16 (30.8%)	25 (48.1%)	11 (21.2%)	52
Indicator 2: Referral for bariatric surgery	16 (30.8%)	25 (48.1%)	11 (21.2%)	52
Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)	22 (42.3%)	18 (34.6%)	12 (23.1%)	52
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	22 (42.3%)	18 (34.6%)	12 (23.1%)	52

Please note where percentages do not total 100%, this is as a result of rounding.

37. Do you think there would need to be any changes to appointment length for the following indicators?			
	Standard appointment	Extended appointment	Total
Indicator 1: Weight management advice (18-39 years)	35 (67.3%)	17 (32.7%)	52
Indicator 2: Referral for bariatric surgery	36 (69.2%)	16 (30.8%)	52
Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)	34 (65.4%)	18 (34.6%)	52
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	34 (65.4%)	18 (34.6%)	52

38. If the draft indicators were introduced into a national indicator menu or a primary care contract such as QOF, would practice staff need to undertake any additional training?			
	Yes	No	Total
Clinical staff	37 (72.5%)	14 (27.5%)	51
Admin staff	29 (56.9%)	22 (43.1%)	51

39. What do you think is the most appropriate level for each indicator proposed at a higher level than general practice?				
	PCN	ICS	Unsure	Total
Indicator 2: Referral for bariatric surgery	14 (27.5%)	18 (35.3%)	19 (37.3%)	51
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	14 (27.5%)	20 (39.2%)	17 (33.3%)	51

Please note where percentages do not total 100%, this is as a result of rounding.

42. What do you consider the impact will be on health inequalities for each of the 11 indicators?				
	Positive impact	Negative impact	Unsure or mixed impact	Total
Indicator 1: Weight management advice (18-39 years)	19 (37.3%)	7 (13.7%)	25 (49.0%)	51
Indicator 2: Referral for bariatric surgery	23 (45.1%)	3 (5.9%)	25 (49.0%)	51
Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)	18 (35.3%)	2 (3.9%)	31 (60.8%)	51
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	17 (33.3%)	2 (3.9%)	32 (62.7%)	51

Please note where percentages do not total 100%, this is as a result of rounding.

43. Are there any unintended positive or negative consequences that you can think of that could be experienced locally if any of the 11 indicators were introduced nationally?					
	Yes, positive	Yes, negative	No	Unsure	Total
Indicator 1: Weight management advice (18-39 years)	6 (11.8%)	14 (27.5%)	17 (33.3%)	14 (27.5%)	51
Indicator 2: Referral for bariatric surgery	7 (13.7%)	16 (31.4%)	15 (29.4%)	13 (25.5%)	51
Indicator 3: Nutritional status monitoring in primary care after bariatric surgery (all patients)	9 (17.6%)	7 (13.7%)	21 (41.2%)	14 (27.5%)	51
Indicator 4: Nutritional status monitoring in primary care after bariatric surgery (new patients)	9 (17.6%)	6 (11.8%)	22 (43.1%)	14 (27.5%)	51

Please note where percentages do not total 100%, this is as a result of rounding.

Table E4: Online Survey for GP Practices Results – Cardiovascular Disease Prevention

21. What impact do you think the following indicators could have on the quality of care for patients?				
	Improve	No change	Worsen	Total
Indicator 1: Risk assessment (general population)	39 (73.6%)	11 (20.8%)	3 (5.7%)	53
Indicator 2: Risk assessment (modifiable risk factors or comorbidities)	37 (69.8%)	12 (22.6%)	4 (7.5%)	53
Indicator 3: Risk assessment (modifiable risk factors)	38 (71.7%)	11 (20.8%)	4 (7.5%)	53

Please note where percentages do not total 100%, this is as a result of rounding.

22. Do you think the following indicators represent an issue that is important for patients, families and carers?				
	Yes	No	Unsure	Total
Indicator 1: Risk assessment (general population)	25 (47.2%)	18 (34.0%)	10 (18.9%)	53
Indicator 2: Risk assessment (modifiable risk factors or comorbidities)	29 (54.7%)	13 (24.5%)	11 (20.8%)	53
Indicator 3: Risk assessment (modifiable risk factors)	30 (56.6%)	13 (24.5%)	10 (18.9%)	53

Please note where percentages do not total 100%, this is as a result of rounding.

23. Do you think the following indicators should be financially incentivised?				
	Yes	No	Unsure	Total
Indicator 1: Risk assessment (general population)	38 (71.7%)	9 (17.0%)	6 (11.3%)	53
Indicator 2: Risk assessment (modifiable risk factors or comorbidities)	38 (71.7%)	6 (11.3%)	9 (17.0%)	53
Indicator 3: Risk assessment (modifiable risk factors)	38 (71.7%)	8 (15.1%)	7 (13.2%)	53

24. Do you think the following indicators are suitable as an aid for quality improvement (without financial incentive)?				
	Yes	No	Unsure	Total
Indicator 1: Risk assessment (general population)	16 (30.2%)	28 (52.8%)	9 (17.0%)	53
Indicator 2: Risk assessment (modifiable risk factors or comorbidities)	16 (30.2%)	26 (49.1%)	11 (20.8%)	53
Indicator 3: Risk assessment (modifiable risk factors)	17 (32.1%)	25 (47.2%)	11 (20.8%)	53

Please note where percentages do not total 100%, this is as a result of rounding.

29. Should the wording be changed on any of the 11 indicators?				
	Yes	No	Unsure	Total
Indicator 1: Risk assessment (general population)	12 (23.1%)	33 (63.5%)	7 (13.5%)	52
Indicator 2: Risk assessment (modifiable risk factors or comorbidities)	12 (23.1%)	32 (61.5%)	8 (15.4%)	52
Indicator 3: Risk assessment (modifiable risk factors)	13 (25.0%)	31 (59.6%)	8 (15.4%)	52

Please note where percentages do not total 100%, this is as a result of rounding.

30. Could the supporting indicator guidance provided in the handbook be improved for any of the 11 indicators?				
	Yes	No	Unsure	Total
Indicator 1: Risk assessment (general population)	7 (13.5%)	34 (65.4%)	11 (21.2%)	52
Indicator 2: Risk assessment (modifiable risk factors or comorbidities)	8 (15.4%)	33 (63.5%)	11 (21.2%)	52
Indicator 3: Risk assessment (modifiable risk factors)	7 (13.5%)	34 (65.4%)	11 (21.2%)	52

Please note where percentages do not total 100%, this is as a result of rounding.

31. Will the requirements relating to each indicator generate additional administrative workload?					
	Yes, definitely	Yes, to some extent	No	Unsure	Total
Indicator 1: Risk assessment (general population)	28 (53.8%)	10 (19.2%)	10 (19.2%)	4 (7.7%)	52
Indicator 2: Risk assessment (modifiable risk factors or comorbidities)	25 (48.1%)	16 (30.8%)	7 (13.5%)	4 (7.7%)	52
Indicator 3: Risk assessment (modifiable risk factors)	24 (46.2%)	17 (32.7%)	7 (13.5%)	4 (7.7%)	52

Please note where percentages do not total 100%, this is as a result of rounding.

32. Will the requirements relating to each indicator generate additional clinical workload?					
	Yes, definitely	Yes, to some extent	No	Unsure	Total
Indicator 1: Risk assessment (general population)	23 (44.2%)	19 (36.5%)	6 (11.5%)	4 (7.7%)	52
Indicator 2: Risk assessment (modifiable risk factors or comorbidities)	22 (42.3%)	23 (44.2%)	3 (5.8%)	4 (7.7%)	52
Indicator 3: Risk assessment (modifiable risk factors)	21 (40.4%)	25 (48.1%)	2 (3.8%)	4 (7.7%)	52

Please note where percentages do not total 100%, this is as a result of rounding.

33. Which staff group(s) would be most affected by the clinical requirements of each indicator?						
	GP	Nursing	Pharmacist	Other clinical	Unsure	Respondents* (n)
Indicator 1: Risk assessment (general population)	37 (71.2%)	31 (59.6%)	15 (28.8%)	14 (26.9%)	7 (13.5%)	52
Indicator 2: Risk assessment (modifiable risk factors or comorbidities)	38 (73.1%)	29 (55.8%)	17 (32.7%)	14 (26.9%)	6 (11.5%)	52
Indicator 3: Risk assessment (modifiable risk factors)	38 (73.1%)	29 (55.8%)	15 (28.8%)	14 (26.9%)	6 (11.5%)	52

* This is a multiple response question, so the number of responses per indicator/row totals more than the number who answered the question, as respondents could select more than one response.

34. Can you foresee any appointment capacity issues in the practice relating to the indicators?				
	Yes	No	Unsure	Total
Indicator 1: Risk assessment (general population)	27 (51.9%)	18 (34.6%)	7 (13.5%)	52
Indicator 2: Risk assessment (modifiable risk factors or comorbidities)	26 (50.0%)	18 (34.6%)	8 (15.4%)	52
Indicator 3: Risk assessment (modifiable risk factors)	27 (51.9%)	17 (32.7%)	8 (15.4%)	52

35. Can you foresee any other time pressure issues in the practice relating to the indicators?				
	Yes	No	Unsure	Total
Indicator 1: Risk assessment (general population)	28 (53.8%)	18 (34.6%)	6 (11.5%)	52
Indicator 2: Risk assessment (modifiable risk factors or comorbidities)	29 (55.8%)	15 (28.8%)	8 (15.4%)	52
Indicator 3: Risk assessment (modifiable risk factors)	29 (55.8%)	15 (28.8%)	8 (15.4%)	52

Please note where percentages do not total 100%, this is as a result of rounding.

36. Do you think there would need to be any changes to the appointment type (for example staff delivering the appointment, or mode of appointment) for the following indicators?				
	Yes	No	Unsure	Total
Indicator 1: Risk assessment (general population)	12 (23.1%)	29 (55.8%)	11 (21.2%)	52
Indicator 2: Risk assessment (modifiable risk factors or comorbidities)	14 (26.9%)	27 (51.9%)	11 (21.2%)	52
Indicator 3: Risk assessment (modifiable risk factors)	14 (26.9%)	27 (51.9%)	11 (21.2%)	52

Please note where percentages do not total 100%, this is as a result of rounding.

37. Do you think there would need to be any changes to appointment length for the following indicators?			
	Standard appointment	Extended appointment	Total
Indicator 1: Risk assessment (general population)	41 (78.8%)	11 (21.2%)	52
Indicator 2: Risk assessment (modifiable risk factors or comorbidities)	38 (73.1%)	14 (26.9%)	52
Indicator 3: Risk assessment (modifiable risk factors)	38 (73.1%)	14 (26.9%)	52

38. If the draft indicators were introduced into a national indicator menu or a primary care contract such as QOF, would practice staff need to undertake any additional training?			
	Yes	No	Total
Clinical staff	27 (52.9%)	24 (47.1%)	51
Admin staff	24 (47.1%)	27 (52.9%)	51

42. What do you consider the impact will be on health inequalities for each of the 11 indicators?				
	Positive impact	Negative impact	Unsure or mixed impact	Total
Indicator 1: Risk assessment (general population)	26 (51.0%)	5 (9.8%)	20 (39.2%)	51
Indicator 2: Risk assessment (modifiable risk factors or comorbidities)	27 (52.9%)	4 (7.8%)	20 (39.2%)	51
Indicator 3: Risk assessment (modifiable risk factors)	28 (54.9%)	3 (5.9%)	20 (39.2%)	51

Please note where percentages do not total 100%, this is as a result of rounding.

43. Are there any unintended positive or negative consequences that you can think of that could be experienced locally if any of the 11 indicators were introduced nationally?					
	Yes, positive	Yes, negative	No	Unsure	Total
Indicator 1: Risk assessment (general population)	13 (25.5%)	7 (13.7%)	20 (39.2%)	11 (21.6%)	51
Indicator 2: Risk assessment (modifiable risk factors or comorbidities)	14 (27.5%)	7 (13.7%)	19 (37.3%)	11 (21.6%)	51
Indicator 3: Risk assessment (modifiable risk factors)	14 (27.5%)	6 (11.8%)	19 (37.3%)	12 (23.5%)	51

Please note where percentages do not total 100%, this is as a result of rounding.

Table E5: Online Survey for GP Practices Results – Chronic Obstructive Pulmonary Disease

25. What impact do you think the following indicator could have on the quality of care for patients?				
	Improve	No change	Worsen	Total
Indicator 1: Annual review (high risk patients)	36 (69.2%)	16 (30.8%)	0 (0.0%)	52

26. Do you think the following indicator represents an issue that is important for patients, families and carers?				
	Yes	No	Unsure	Total
Indicator 1: Annual review (high risk patients)	39 (75.0%)	7 (13.5%)	6 (11.5%)	52

27. Do you think the following indicator should be financially incentivised?				
	Yes	No	Unsure	Total
Indicator 1: Annual review (high risk patients)	39 (75.0%)	7 (13.5%)	6 (11.5%)	52

28. Do you think the following indicator is suitable as an aid for quality improvement (without financial incentive)?				
	Yes	No	Unsure	Total
Indicator 1: Annual review (high risk patients)	20 (38.5%)	24 (46.2%)	8 (15.4%)	52

Please note where percentages do not total 100%, this is as a result of rounding.

29. Should the wording be changed on any of the 11 indicators?				
	Yes	No	Unsure	Total
Indicator 1: Annual review (high risk patients)	5 (9.6%)	39 (75.0%)	8 (15.4%)	52

30. Could the supporting indicator guidance provided in the handbook be improved for any of the 11 indicators?				
	Yes	No	Unsure	Total
Indicator 1: Annual review (high risk patients)	2 (3.8%)	38 (73.1%)	12 (23.1%)	52

31. Will the requirements relating to each indicator generate additional administrative workload?					
	Yes, definitely	Yes, to some extent	No	Unsure	Total
Indicator 1: Annual review (high risk patients)	14 (26.9%)	25 (48.1%)	9 (17.3%)	4 (7.7%)	52

32. Will the requirements relating to each indicator generate additional clinical workload?					
	Yes, definitely	Yes, to some extent	No	Unsure	Total
Indicator 1: Annual review (high risk patients)	12 (23.1%)	28 (53.8%)	7 (13.5%)	5 (9.6%)	52

33. Which staff group(s) would be most affected by the clinical requirements of each indicator?						
	GP	Nursing	Pharmacist	Other clinical	Unsure	Respondents* (n)
Indicator 1: Annual review (high risk patients)	23 (44.2%)	42 (80.8%)	9 (17.3%)	8 (15.4%)	4 (7.7%)	52

* This is a multiple response question, so the number of responses per indicator/row totals more than the number who answered the question, as respondents could select more than one response.

34. Can you foresee any appointment capacity issues in the practice relating to the indicators?				
	Yes	No	Unsure	Total
Indicator 1: Annual review (high risk patients)	19 (36.5%)	25 (48.1%)	8 (15.4%)	52

35. Can you foresee any other time pressure issues in the practice relating to the indicators?				
	Yes	No	Unsure	Total
Indicator 1: Annual review (high risk patients)	16 (30.8%)	24 (46.2%)	12 (23.1%)	52

Please note where percentages do not total 100%, this is as a result of rounding.

36. Do you think there would need to be any changes to the appointment type (for example staff delivering the appointment, or mode of appointment) for the following indicators?				
	Yes	No	Unsure	Total
Indicator 1: Annual review (high risk patients)	10 (19.2%)	34 (65.4%)	8 (15.4%)	52

37. Do you think there would need to be any changes to appointment length for the following indicators?			
	Standard appointment	Extended appointment	Total
Indicator 1: Annual review (high risk patients)	27 (51.9%)	25 (48.1%)	52

38. If the draft indicators were introduced into a national indicator menu or a primary care contract such as QOF, would practice staff need to undertake any additional training?			
	Yes	No	Total
Clinical staff	27 (52.9%)	24 (47.1%)	51
Admin staff	16 (31.4%)	35 (68.6%)	51

42. What do you consider the impact will be on health inequalities for each of the 11 indicators?				
	Positive impact	Negative impact	Unsure or mixed impact	Total
Indicator 1: Annual review (high risk patients)	33 (64.7%)	1 (2.0%)	17 (33.3%)	51

43. Are there any unintended positive or negative consequences that you can think of that could be experienced locally if any of the 11 indicators were introduced nationally?					
	Yes, positive	Yes, negative	No	Unsure	Total
Indicator 1: Annual review (high risk patients)	12 (23.5%)	2 (3.9%)	25 (49.0%)	12 (23.5%)	51

Please note where percentages do not total 100%, this is as a result of rounding.