

Domain	Criteria	Description and rationale for inclusion
Safety		
	1 CQC rating – inadequate	Practices rated as inadequate by the CQC are already directed to the RCGP peer support scheme. It is not proposed that this is changed but is included within the criteria for the sake of completeness and recognising practices moving out of special measures may still need additional 'upstream' support.
	2 CQC rating - requires improvement	Practice rated as requiring improvement where there is greatest need for support are already directed to the vulnerable practice programme. It is not proposed that this is changed but is included within the criteria for the sake of completeness and recognising additional 'upstream' support may still be needed.
	3 Individual professional performance issues	This reflects that sometimes the overall operations of the practice can impact on or be impacted by professional performance issues.
Workforce		
	4 Number of patients per WTE GP and/or WTE Practice Nurse	These criteria help detect significant workload facing a practice in comparison to other practices. Neither criteria are an indicator of the need for support in themselves but they may indicate opportunities for improvement support, including skill mix.
	5 Vacancies (include long term illness)	This is a key local indicator of a practices sustainability and resilience. It is a crude 'measure' however in that long term or sudden critical vacancies may impact on operations of the practice in different ways. It will be important to consider the nature of the vacancies. The proportion of staff in the practice aged 55 and over may also be an important consideration given potential for early retirements.
External Perspective		
	6 Other external perspectives not covered in the above criteria, for example significant support from LMC, CCG or NHS England local team.	This is a key criteria. The level of support increases dependent upon how many local external bodies have significant concerns. Practices self-referring for support may also be considered here.
	7 Primary Care Web Tool	Using this tool and in particular those practices that trigger 5/6 or more outlier indicators provides an indication of some issues in a practice that may require support.
Organisational Issues		
	8 Practice leadership issues (partner relationships)	This is a key area where practices may need support but it is difficult to define so will be for local commissioners to reflect and justify.
	9 Significant practice changes	It is self-evident that this increases the need for support for individual or groups of practices. Practice mergers may make local practices stronger and more resilient, practice splits less so but still requiring support to ensure sustainable operations.
	10 Professional isolation	This is a self-evident criteria, but there are many resilient single handed practices that continue to operate successfully. However by definition a single handed practice has less resilience than a larger practice. Again it would be for local commissioners to reflect a risk rating against this.
Efficiency		
	11 QOF % achievement	This is often used as a short hand measure of how well a practice is operating. The vast majority of practices score well above 90% with average 94% achievement. Just 500 practices score under 80% achievement, 100 practices score under 65% achievement. 21 practices achieve a score which is half of England average achievement (47%). Significant changes in achievement could also evidence changes in operations in need of support.
	12 Referral or prescribing performance compared to CCG average	It is proposed that this is flagged where a practice is a clear outlier (e.g. top / bottom 5%) for aggregate prescribing or referral rates compared to the CCG average.
Patient Experience/ access		
	13 List closure (including application to close list)	This is a key indicator and is akin to the practice self-declaring that they need support. It is a crude 'measure' in that the practice may need support to meet an increase in demand or it may need support to better manage its current demand. It will be important to consider the reasons for list closure. It will be important for local commissioners to also reflect here on practices with refused applications or practices bordering onto a closed list practice.
	14 GP Patient Survey - Would you recommend your GP surgery to someone who has just moved to your local area? (% no).	This is one of a set of patient experience criteria that could be usefully included. Patient advocacy is known to correlate with good quality care.
	15 GP Patient Survey – ease of getting through by phone (% not at all easy).	Could be usefully included in that it provides an early indication where practices may be supported to better match or manage capacity and demand issues.
	16 GP Patient Survey - ability to get an appointment to see or speak to someone (% no)	Could also be usefully included in that it provides an early indication where practices may be supported to better match or manage capacity and demand issues.