

Publication Report



Practice Team Information (PTI)

Annual Update (2010/11)

29 November 2011



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About ISD

Scotland has some of the best health service data in the world combining high quality, consistency, national coverage and the ability to link data to allow patient based analysis and follow up.

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Purpose: To deliver effective national and specialist intelligence services to improve the health and wellbeing of people in Scotland.

Mission: Better Information, Better Decisions, Better Health

Vision: To be a valued partner in improving health and wellbeing in Scotland by providing a world class intelligence service.

Official Statistics

Information Services Division (ISD) is the principal and authoritative source of statistics on health and care services in Scotland. ISD is designated by legislation as a producer of 'Official Statistics'. Our official statistics publications are produced to a high professional standard and comply with the Code of Practice for Official Statistics. The Code of Practice is produced and monitored by the UK Statistics Authority which is independent of Government. Under the Code of Practice, the format, content and timing of statistics publications are the responsibility of professional staff working within ISD.

ISD's statistical publications are currently classified as one of the following:

- National Statistics (ie assessed by the UK Statistics Authority as complying with the Code of Practice)
- National Statistics (ie legacy, still to be assessed by the UK Statistics Authority)
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1. meet identified user needs;
2. are well explained and readily accessible;
3. are produced according to sound methods, and
4. are managed impartially and objectively in the public interest.

Once statistics have been designated as National Statistics it is a statutory requirement that the Code of Practice shall continue to be observed.

Introduction

Practice Team Information (PTI) collects information from a sample of Scottish general practices about face-to-face consultations (in a surgery or the patient's home) between patients and a member of the practice team. The practice team is currently defined for PTI purposes as all GPs and practice-employed nurses. Currently there are around 60 practices participating in PTI in Scotland and these are broadly representative of the Scottish population in terms of age, gender, deprivation and urban/rural mix.

The PTI website provides information on the process of data collection and analysis and shows estimates of the numbers of patients consulting and the numbers of consultations, by age and gender, staff discipline, practice or condition. These estimates are used by the Scottish Government, NHS Boards and others within the NHS, charities, researchers and many others to inform policies and develop a better understanding of health and primary health care in Scotland. The PTI web pages are updated annually to include new data and to apply any improved methodology.

This publication provides information on consultations for the financial year 2010/11, and updates figures published previously for the years 2003/04 to 2009/10.

Key points

- GP and practice-employed nurses combined had an estimated 23.1 million face-to-face contacts with patients in 2010/11 (95% confidence interval 22.2 to 24.1 million); 30% of these contacts were with nurses. The trend in contact numbers since 2003/04 has shown a gradual rise. The figures for 2009/10 were affected upwards by the pandemic flu outbreak while those for 2010/11 were reduced by severe weather (see Fig 1).
- The estimated average number of GP or practice nurse contacts per patient in 2010/11 was 4.2. Of the patients registered with a practice, three times more males compared to females did not consult at all. The gender difference was particularly apparent in female reproductive age classes. Nearly 12% of the patients had 10 or more contacts of which more than 60% was female.
- The most commonly recorded reason to consult either a GP or practice-employed nurse was for "circulatory and respiratory symptoms and signs". For GPs separately, "digestive/abdominal symptoms and signs" topped the list and for the nurses "hypertension" (high blood pressure) was the most common reason for a consultation. This reflects the general character of GP workload as opposed to nurse workload, which focuses more on managing specific long-term conditions.

Results and Commentary

There are a number of things worth noting in order to interpret the figures in this publication correctly:

1. Generally the figures in this publication are estimates based on a sample of around 6% of general practices in Scotland. For all estimates 95% confidence intervals are calculated reflecting the statistical variation (for more information see the [Statistical Notes](#) on the PTI website). For the financial years 2003/04 to 2010/11 estimates are based on 59, 53, 51, 49, 48, 58, 60 and 59 general practices, respectively, that submitted complete GP and practice nurse data to the PTI scheme. For 2003/04 to 2005/06 the district nurse and health visitor data was based on 46, 44, and 44 practices, respectively.
2. PTI includes information from the general practice team, which includes GPs, practice nurses (PN), district nurses and health visitors. For PTI purposes, 'practice nurse' is defined as practice-employed nurses and their clinical assistants (e.g. phlebotomists and health care assistants), and 'GP' includes locums and registrars. District nurse and health visitor information is only available from 2003/04 to 2005/06 onwards (for more details see 'What is PTI?' on the [PTI website](#)).
3. All top-level estimates are standardised by age, gender and deprivation. Estimates shown by age and gender are standardised by deprivation. Standardisation by (for example) deprivation to the Scottish population aims to account for differences between the PTI sample population and the Scottish practice population in levels of deprivation. For more information on standardisation see the [Statistical Notes](#) on the PTI website.
4. The population source used to determine the practice list sizes is the Community Health Index (CHI) record, as at 30 September 2003, 2004, 2005, 2006, 2007, 2008, 2009 and 2010 for the 8 respective years.
5. PTI aims to continually improve the interpretation of the data and therefore analysis methods are regularly reviewed and sometimes updated. The method for dealing with small numbers of people in subcategories within practices has been updated for the publication of 29 November 2011 and applied to all new and historic data. This has resulted in lower estimates over the board, in particular for less common conditions or further subdivided information. Therefore figures shown here are not strictly comparable to those published previously. For further information see '[Note of Revisions](#)' on the PTI website or within Appendix 1 of this report.

Overall patient contacts

The information collected from the sample of PTI practices can be used to estimate the number of patients consulting and the number of consultations in Scotland, either at an overall level including all consultations whatever the reason or for specific conditions only. This section concentrates on overall contacts regardless of their reason and subdivides these in various different ways. This is aiming to give an insight into why consultation rates vary and of the magnitude of these variations.

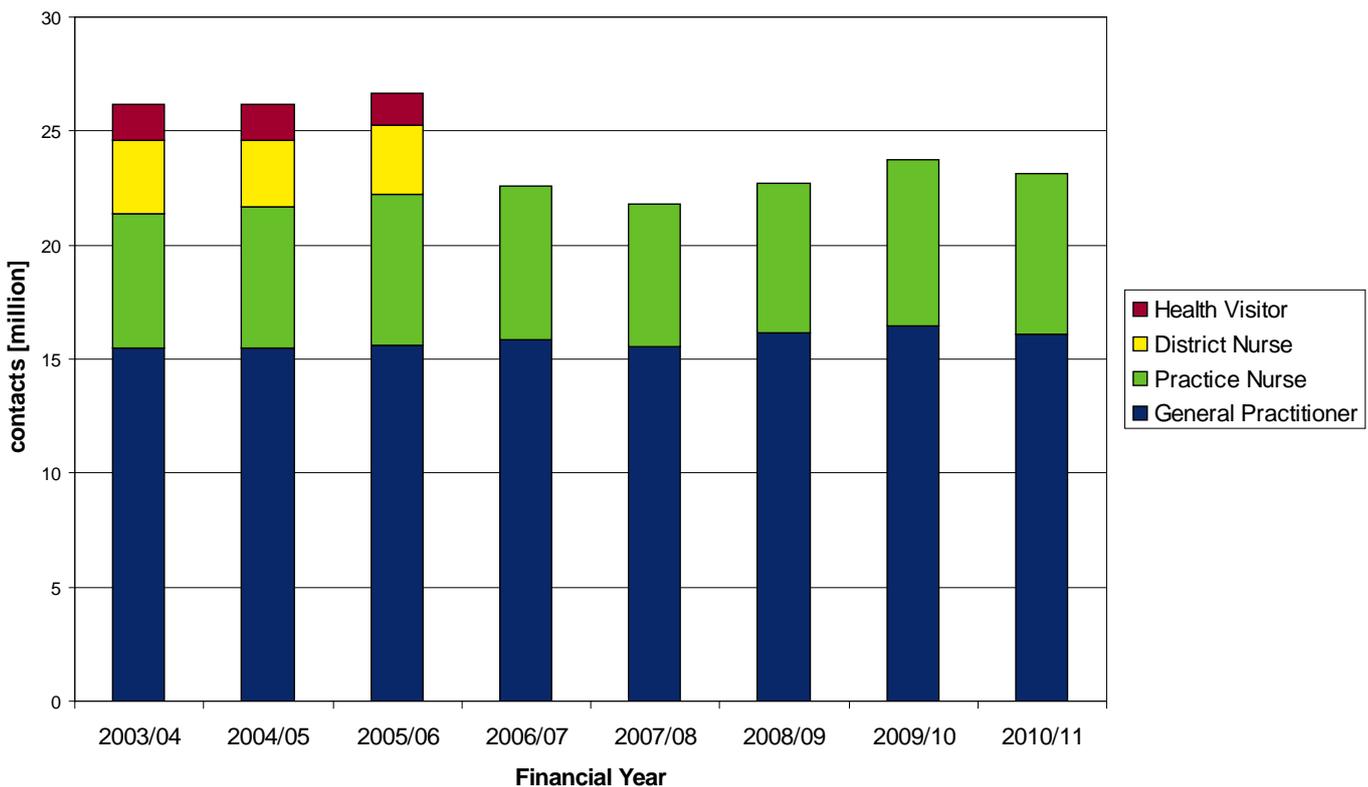
Overall contacts in Scotland, by staff discipline

Figure 1 below shows the estimated total numbers of face-to-face patient contacts for each staff discipline during each of the eight financial years 2003/04 to 2010/11. The general trend over this period has been a gradual rise. In the most recent year (2010/11) GPs and practice-employed nurses combined had an estimated 23.1 million face-to-face contacts

with patients (with a 95% confidence interval of 22.2 to 24.1 million) with the nurses having a 30% share in this. This represents a decrease of roughly 0.6 million per year compared to 2009/10 (the year of the pandemic flu outbreak) but a rise of more than 0.4 million compared to the year before (2008/09). Compared to the first year of PTI recording (2003/04) the rise was nearly 1.7 million.

Fig 1. Estimated number of patient contacts (millions) with the general practice team, (A) in bar chart format; and (B) in tabular format - showing estimates ('Est') including 95% confidence intervals ('CI'); financial years 2003/04 to 2010/11

A. Bar chart format



B. Tabular format

Year	Discipline									
	General Practitioner		Practice Nurse		District Nurse		Health Visitor		GP & PN combined	
	Est.	(CI)	Est.	(CI)	Est.	(CI)	Est.	(CI)	Est.	(CI)
2003/04	15.5	(14.8-16.2)	5.9	(5.4-6.4)	3.2	(2.7-3.7)	1.6	(1.4-1.8)	21.4	(20.5-22.2)
2004/05	15.5	(14.8-16.2)	6.2	(5.7-6.7)	2.9	(2.4-3.4)	1.6	(1.3-1.8)	21.7	(20.8-22.5)
2005/06	15.6	(14.9-16.3)	6.6	(6.1-7.2)	3.0	(2.4-3.6)	1.4	(1.2-1.6)	22.3	(21.4-23.2)
2006/07	15.8	(15.1-16.6)	6.8	(6.2-7.3)	Not available		Not available		22.6	(21.7-23.5)
2007/08	15.6	(14.8-16.3)	6.2	(5.5-7.0)	Not available		Not available		21.8	(20.7-22.9)
2008/09	16.1	(15.4-16.8)	6.6	(6.0-7.2)	Not available		Not available		22.7	(21.8-23.6)
2009/10	16.5	(15.8-17.1)	7.2	(6.6-7.8)	Not available		Not available		23.7	(22.8-24.6)
2010/11	16.1	(15.4-16.7)	7.0	(6.4-7.7)	Not available		Not available		23.1	(22.2-24.1)

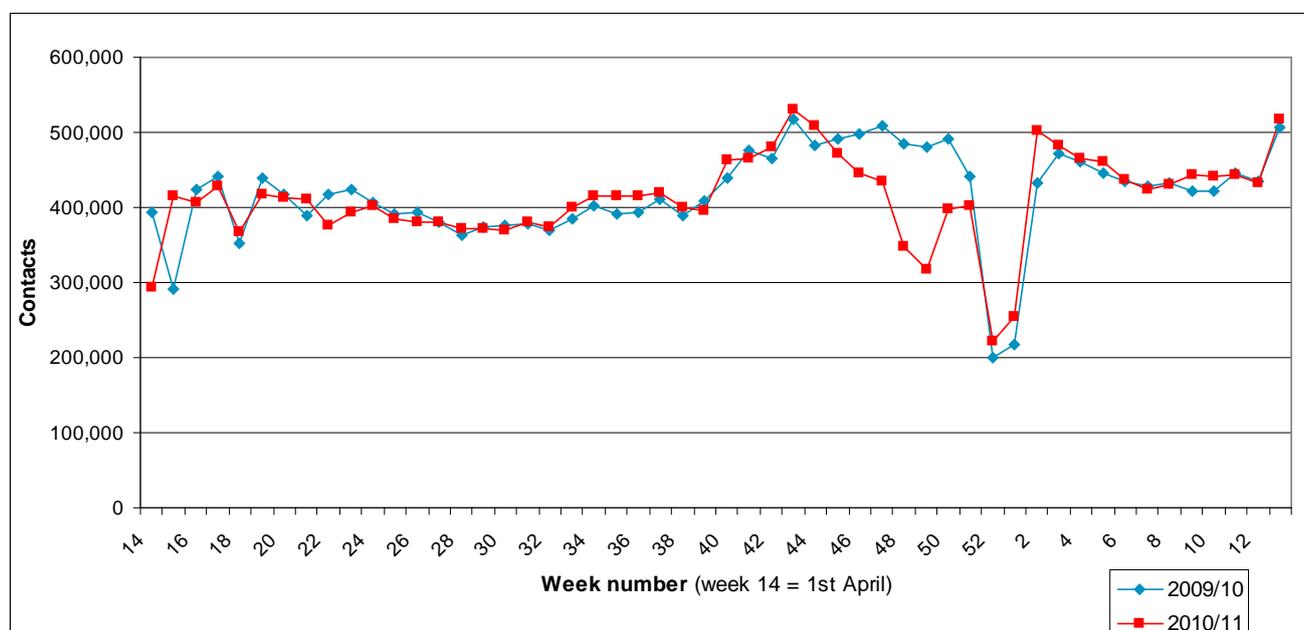
NOTE: This chart and table is available [here](#) in Excel format.

Although the estimated annual numbers of face to face contacts with patients generally rose for both GPs and practice-employed nurses over the last eight years, there was an interruption in this trend in 2007/08 and also in the latest year. The number of GP contacts rose modestly by more than 3% from 15.5 to 16.1 million over the eight years, with only a small dip in 2007/08 and 2010/11. Estimated contacts with practice-employed nurses rose much more sharply by nearly 16% from 5.9 million in 2003/04 to 7.0 million in 2010/11, showing a similar pattern to the GP contacts. Note that the confidence intervals for these estimates are fairly large, so some of these changes may be due to sampling variation.

The drop in 2007/08 was particularly surprising for practice nurses, given the continuing shift of chronic disease management from GPs to nurses. This may in part be due to practices becoming less likely to cover holidays and other absences of regular nurses by employing bank, agency or locum nurses, resulting in a reduction in the numbers of nurse contacts in the year. Also a relatively large number of practices changed their practice IT system (from GPASS to either InPS-Vision or EMIS), resulting in brief practice closures. This may also have resulted in a re-definition of some staff members from 'practice nurse' to another type of nurse, which may then fall outside the PTI definition of a practice nurse.

The year 2009/10 saw a fairly large rise in consultations (see Fig 1) that was probably due in part to the outbreak of H1N1 pandemic influenza. Towards the end of 2009 more patients contacted their practice with concerns around flu than in normal years (see Fig 39 for more detail). The fall in attendances in 2010/11 around weeks 48-50 is likely to be due to the effect of severe weather (Fig 2).

Fig 2. Estimated total number of consultations with a GP or practice-employed nurse in Scotland per week for 2009/10 and 2010/11



Overall patient contacts by practice, by staff discipline

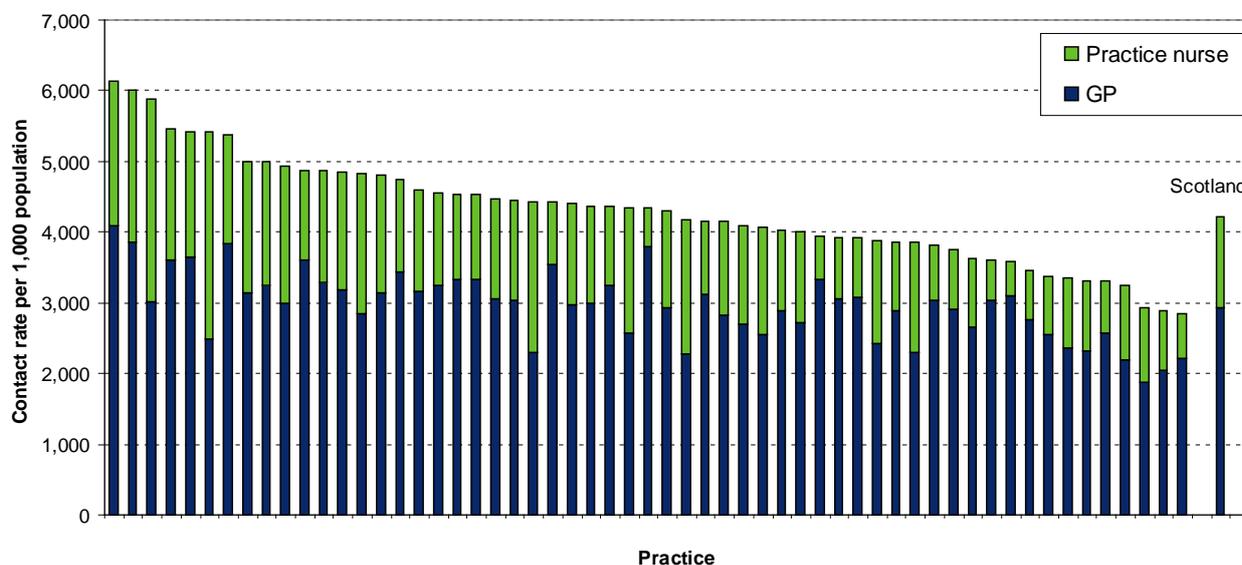
There can be very large variation between practices in patient contact rates. Figure 3 shows the 2010/11 contact rates (per 1,000 registered patients) for GPs and practice-

employed nurses for all 59 PTI practices in the national sample. There is also large variation in the ratio of GP to nurse contact rates.

The total annual contact rate (including all contacts with either a GP or a practice-employed nurse) varied from less than 3,000 to over 6,100 contacts per 1,000 registered patients. How this workload is divided between GPs and nurses varies greatly between practices. In most practices the GPs do the bulk of the consultations – typically over two-thirds in this sample of PTI practices (and up to 89% in one instance). However, in some practices the practice nurses account for more patient contacts than the GPs (up to 54% in one instance). The estimated combined contact rate based on all 59 practices and standardised to the Scottish population is just over 4,200 per 1,000 patients, with GPs accounting for approximately 70% of the contacts.

The large variation between practices can be due to the makeup of the practice population (older and more deprived populations tend to consult more) and the organisation and staffing arrangements of the practice. Some practices may have more nursing staff than others and the nurses may be deployed in different ways. For example, some practices will use treatment room nurses paid by the NHS Board, whose patient contacts are typically not captured as part of PTI, instead of employing (all of) their own practice nurses, and this may result in the number of practice nurse contacts as measured through PTI appearing lower than may be expected.

Fig 3. Numbers of contacts with GPs and practice nurses per 1,000 registered patients, for all PTI practices individually and for Scotland overall; financial year 2010/11



NOTE: These charts for financial years 2003/04 to 2010/11 are available [here](#) in Excel format.

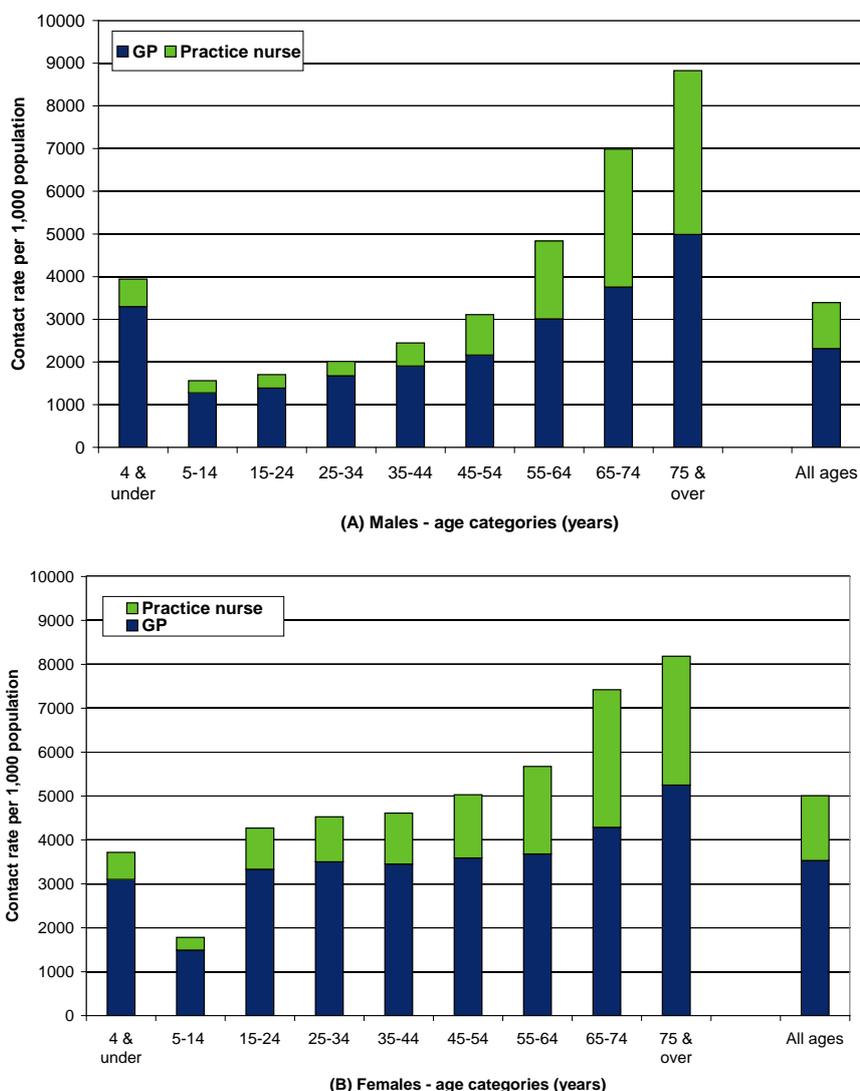
Overall contact rates by gender and age group

Age and gender have a large effect on how often patients consult their GP or nurse. Figure 4 shows the annual number of contacts with GPs and practice-employed nurses per 1,000 registered patients in the year ending March 2011, by age group, for (A) male and (B) female patients. With the exception of the very youngest and oldest age groups (0-4 and 75 plus, respectively), contact rates are higher for females than for males, with the very highest contact rates found in males aged 75 and over. Whereas in the younger age

categories a large majority of patient contacts (particularly for males) are with GPs (over five times more than with nurses), in the older age categories the practice nurse share increases substantially, up to more than 46% of overall contacts. This may reflect the large contribution nurses make to chronic disease management, which is particularly relevant to older patients. These charts are also available in [Excel format](#) (40KB).

The 'All Ages' estimates show that the average (mean) number of GP contacts per registered patient in 2010/11 was 2.3 for males and 3.5 for females (2.9 on average over both genders – see associated Excel table), so that females see their GP on average 1.5 times more often than males. The difference between genders is slightly smaller with regard to number of contacts with a practice-employed nurse; females saw the nurse on average 1.5 times in 2010/11, versus 1.1 times for males. The average over both genders is 1.3 contacts per registered patient. Note that these averages are based on all registered patients - the calculations include patients who did not attend their practice at all during the year.

Fig 4. GP and practice nurse annual contact rates per 1,000 registered patients for 2010/11; by discipline and age group for (A) males and (B) females

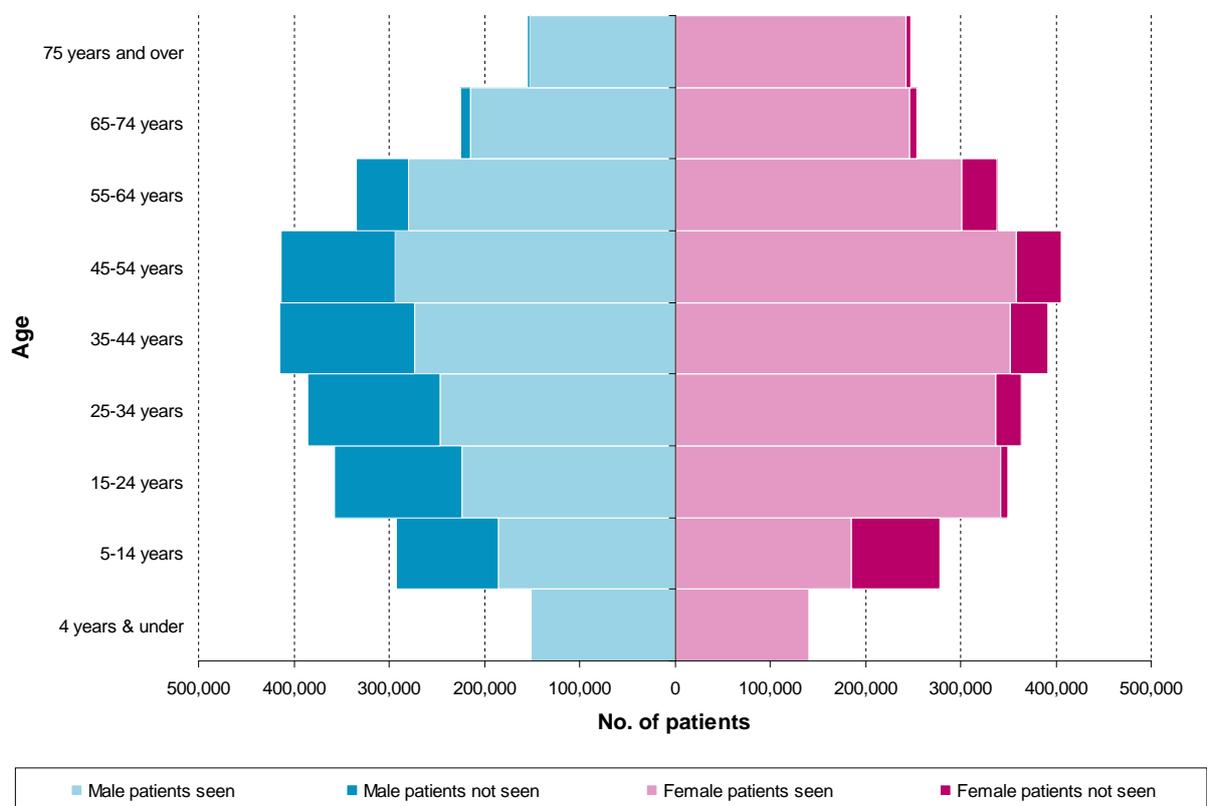


The numbers of contacts as well as the numbers of patients seen per 1,000 registered patients, by age and gender, for all disciplines, for the financial years 2003/04 to 2010/11, are provided [here](#) in Excel format (285KB).

Population Pyramid

As shown in the previous section, contact rates vary substantially by gender and age. The population pyramid (Figure 5) below shows the estimated number of patients in Scotland who had at least one consultation with a GP or practice-employed nurse, by age and gender, for the year ending 31 March 2011 (as a proportion of the total number of patients registered with a GP practice). The figures underlying this chart are provided [here](#) in Excel format (38KB).

Fig 5. Estimated number of patients seen/not seen in Scotland by either a GP or practice nurse in 2010/11; by gender and age group



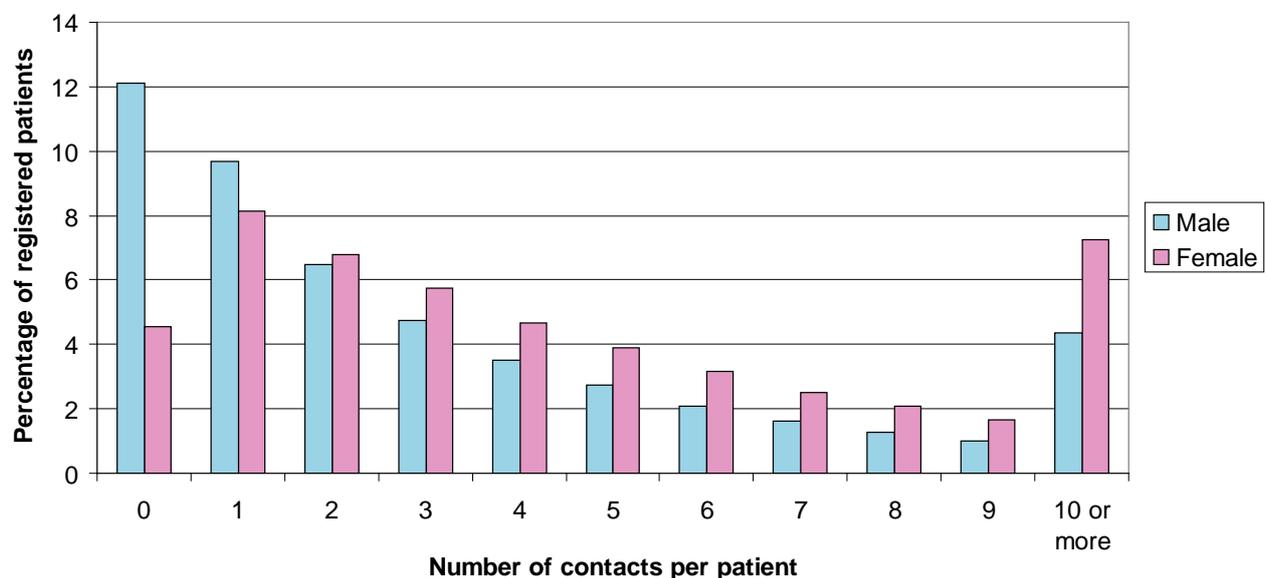
Note: Within the category males aged 0-4 years, the number of patients seen exceeded the number of patients registered. This can occur because the number of patients registered is a snapshot taken at a specific date in time (30 Sept 2010), whereas the number of patients seen covers any patient seen in the period from 1 April 2010 - 31 March 2011 regardless if they were registered at the 30th of September. For example, if a baby was born after 30 September 2010 but before 31 March 2011, he/she would not be included in the snapshot of registered patients yet would be included as seen by either a GP or practice nurse in the very likely event that the baby had a consultation prior to 31 March 2011. For this chart, the number of patients 'not seen' within the category males aged 0-4 has been set to 0.

The chart shows that almost all of the very youngest and oldest age categories consulted their GP or practice nurse at least once. The proportion consulting was lowest for young-adult to middle-aged males and children aged 5 to 14 of either gender. Females of reproductive age were more likely to consult than males of the same age. This is likely to be related to visits for female reproductive issues such as pregnancy or contraception.

Frequency of patient consultations

Figure 4 and 5 showed that the consultation rates and the proportion of patients consulting at least once vary substantially by age and gender. Figure 6 shows the annual consultation frequency in PTI practices for both genders over all age groups. Male patients who did not consult a GP or practice-employed nurse at all during 2010/11 accounted for more than 12% of all those registered with PTI practices, while the corresponding figure for females was 4.5%. Most females had just a single consultation (8% of total population) whereas there were less males with a single consultation (10%) than with no consultation. Just over half the registered patients (52%) had more than two contacts in the year. Nearly 12% of the patients had 10 or more contacts; more than 60% of these were females. Note that the estimated number of contacts per patient per year with either a GP or practice nurse (over both genders and all ages) is 4.2 (see Fig 3).

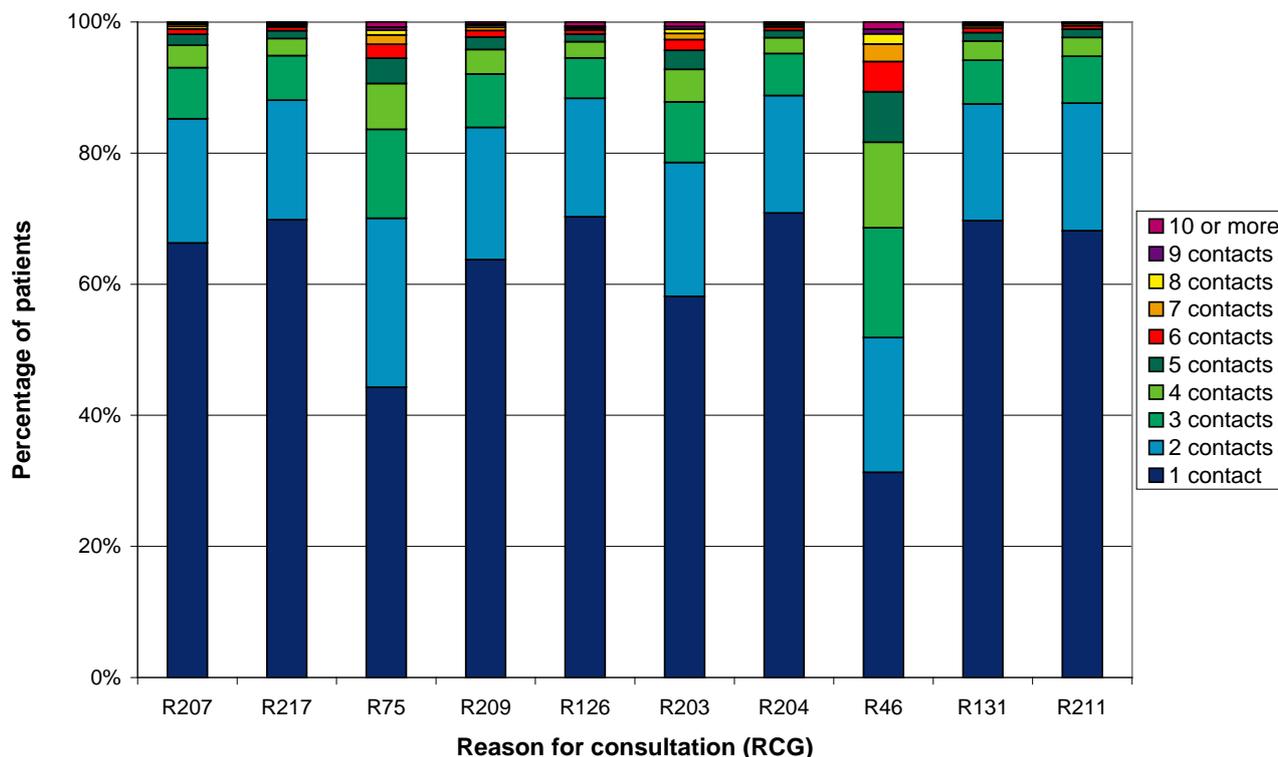
Fig 6. Percentage of patients registered with a PTI practice, by their annual number of contacts with a GP or practice-employed nurse for any reason (2010/11); by gender



Evidently the frequency of patient consultations will depend on the reasons for the consultations. This is illustrated in Figure 7, which shows the consultation frequencies for the ten most common reasons for consulting a GP or practice nurse in 2010/11.

For groups like “Diseases of the Skin” or “Neurological/musculoskeletal symptoms & signs” the majority of patients has just a single consultation and about 90% has no more than two consultations. However, for a long-term condition like diabetes patients had a much larger number of consultations per year and only 30% had just a single consultation.

Fig 7. Number of consultations per patient per year for 10 of the most common reasons¹ for contacting a GP or practice-employed nurse (2010/11)



- ¹ The 10 most common reasons for consulting are denoted by their Read Code Grouping code:
- R207 - Circulatory and respiratory symptoms and signs
 - R217 - General abnormal symptoms and signs not elsewhere classified
 - R75 - Hypertension
 - R126 - Diseases of the skin & subcutaneous tissue excluding infections & malignancies
 - R209 - Digestive/abdominal symptoms and signs
 - R204 - Neurological/musculoskeletal symptoms and signs
 - R203 - Psychological symptoms and signs
 - R46 - Diabetes
 - R131 - Soft tissue disorders
 - R211 - Genitourinary symptoms and signs

Numbers of patients seen by staff discipline

The numbers of patients who had at least one face-to-face contact with each professional discipline, in actual numbers and as percentage of patients registered with a practice, is shown in the Excel table '[Estimated percentage of the practice population seen by each staff discipline](#)' (42KB). The estimates are shown for each individual staff discipline and for GPs and practice-employed nurses combined, for the financial years 2003/04 to 2010/11. Although the same patient may be counted under more than one discipline, the patient is counted only once in the combined 'GP and practice nurse' category.

GPs see the largest proportion of patients within the practice (75% to 77% over the last eight years vs practice nurses 42 to 46%), but a small minority of patients are seen solely by other members of the practice team. Over these years 81% to 83% of registered patients had at least one contact with either a GP or practice nurse. This suggests that each year around 6% of registered patients had at least one consultation with a practice-employed nurse without also seeing a GP in the same year.

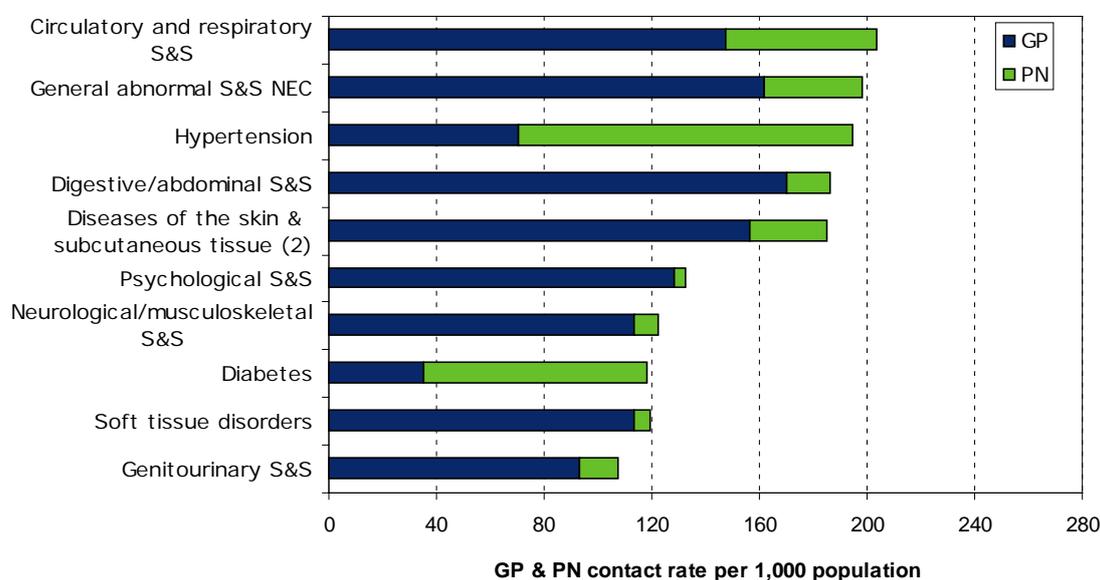
Clearly the inclusion of data on patient consultations with nursing disciplines, over and above GP recording, gives a much more complete picture of patient care. In order to estimate how many patients have been seen overall or for any particular condition, it is likely that more patients would be included if more staff disciplines were included. For some conditions patient estimates are affected considerably by adding nursing data, in particular the long-term conditions for which much of the day-to-day management is now carried out by practice nurses (see for example Asthma and Diabetes in the Specific Conditions section further on in this document). For other conditions virtually all patients seen by a practice nurse are also seen by a GP, so the patient estimate is similar (see for example Backpain or Depression in this report).

It is rare for patients to be seen exclusively by a health visitor or district nurse, so adding this information does not typically affect the patient estimates. This is discussed in more detail on the page '[The impact of inclusion of more staff disciplines on patient counts](#)' on the PTI website.

Top 10 conditions most seen by GPs and practice nurses

Figure 8 shows the estimated contact rates (per 1,000 registered patients) for the ten groups of conditions most commonly recorded as a reason for consultation with GPs or practice-employed nurses. These analyses are grouped using [Read Code Groupings](#) (RCGs). 'Top 10' lists are provided for all disciplines separately for 2003/04 to 2010/11 in [Excel format](#) (381KB).

Fig 8. Top 10 conditions¹ ranked on GP and practice nurse (PN) combined contact rates per 1,000 registered patients; financial year 2010/11



¹ Includes signs and symptoms (S&S) that do not necessarily have a confirmed diagnosis, classified according to body system. Classified using ISD's Read code Groupings (RCGs); further information can be found on the [PTI website](#).

² Excluding infections and malignancies.

During 2010/11 patients most frequently consulted the GP or practice-employed nurse for circulatory and respiratory symptoms and signs, for example coughs, wheezing or breathlessness. Over 72% of these contacts were with a GP. The most frequent reason to consult a GP was for 'Digestive/Abdominal symptoms & signs', with the second most frequent reason 'General Abnormal symptoms & signs'. The most common reason to consult a practice nurse in 2010/11 was hypertension (typically hypertension monitoring);

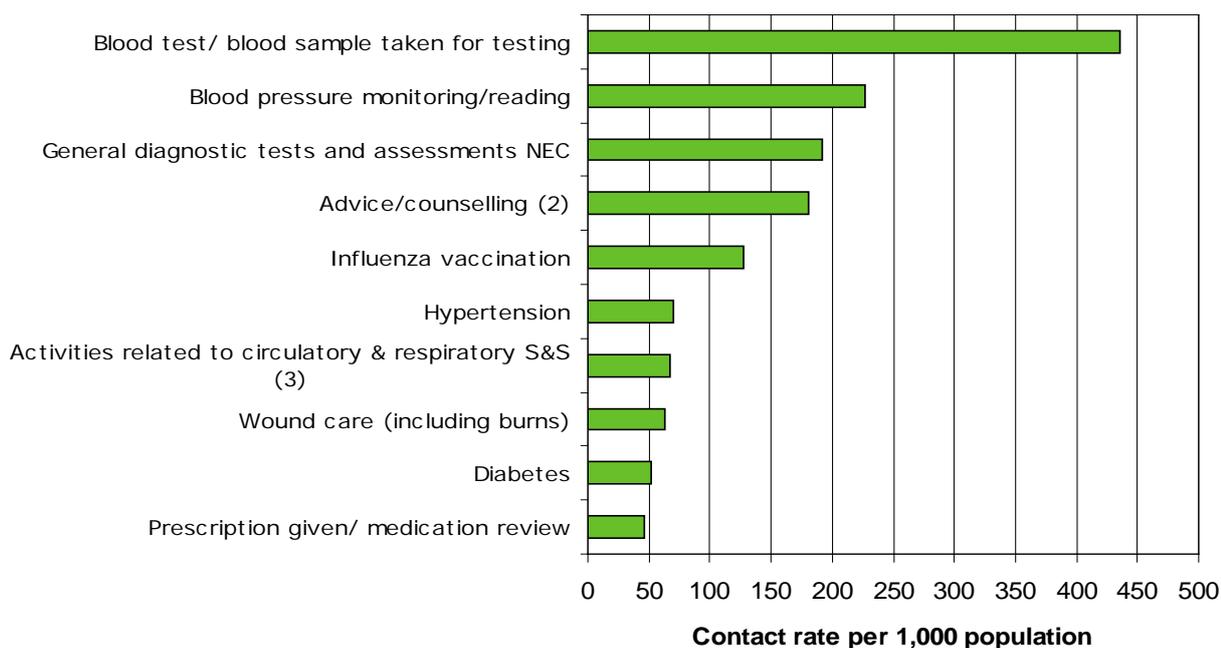
with diabetes the second most frequent reason for consulting a nurse. This probably reflects the fact that patients often present to a GP with problems or symptoms rather than with clear-cut diagnoses, whereas nurses more often manage (previously diagnosed) long-term conditions.

Because the top-10 most seen conditions will differ between age categories and genders, an interactive table giving the top-10 conditions for GPs and practice nurses (as well as combined) by each gender and age group is provided [here](#) in Excel format (157KB).

Top 10 activities carried out most by practice nurses

Figure 9 shows the estimated consultation rates (per 1,000 registered patients) for the ten most common activities recorded for practice nurses. Similar to the most common conditions in Figure 8, these analyses are grouped using [Read Code Groupings](#) (RCGs). 'Top 10' activity lists are provided for all nursing disciplines separately for 2003/04 to 2010/11 in an [Excel table](#) (313KB). The data show that the activity carried out most frequently during a practice nurse consultation in the year 2010/11 was taking a blood sample. The contact rate for this activity was almost two times higher than for the second-most common activity, which was blood pressure monitoring.

Fig 9. Top 10 activities¹ ranked on practice nurse contact rates per 1,000 registered patients; 2010/11



¹Based on ISD's Read code groupings (RCGs) - activity groupings only. Further information on RCGs can be found on the [PTI website](#).

² Including smoking cessation advice & bereavement counselling.

³ Excluding BP & CHD monitoring.

PTI in relation to the Quality and Outcomes Framework (QOF)

The new General Medical Services (nGMS) contract came into effect in April 2004. A significant element of this is the [Quality & Outcomes Framework \(QOF\)](#). The QOF measures achievement by general practices against a range of evidence-based indicators. The largest part of the QOF is its 'clinical domain', which comprises an evolving set of indicators relating to people with particular health conditions. For the years 2004/05 and

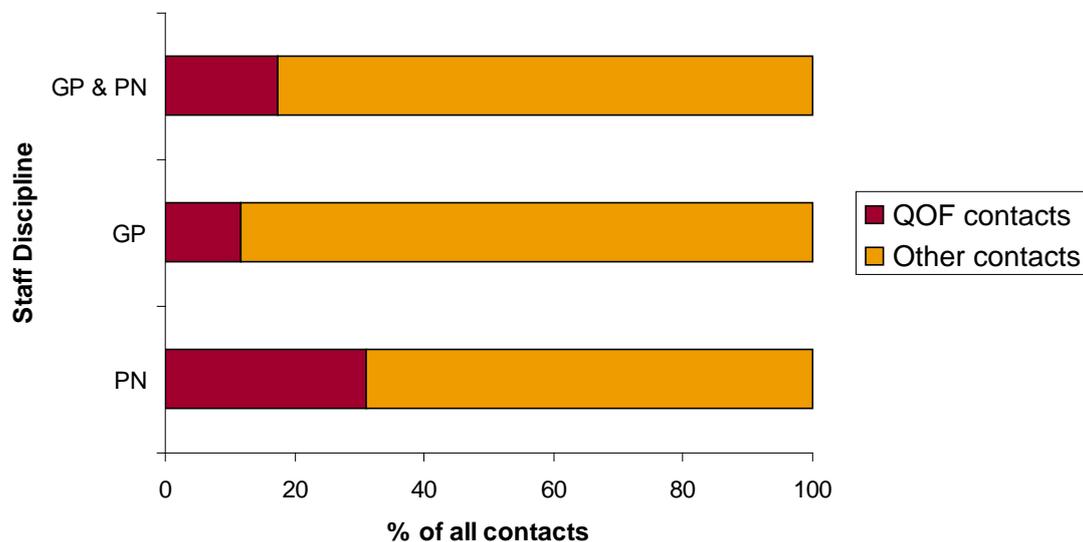
2005/06 the management of 11 common chronic conditions was included within the clinical domain of the QOF. These include, for example, asthma, diabetes and CHD. The list of conditions and patient groups has been extended in subsequent years, for example to include patients who need palliative care.

The information collected by general practices for QOF includes a 'register' of patients for each category in all participating practices, and an associated 'prevalence' rate (calculated using the all-ages practice population as the denominator). These QOF 'prevalence' rates are available on the QOF pages of ISD's website at Scotland, NHS Board, Community Health Partnership (CHP) and practice level. What the QOF registers count and why the reported 'prevalence' rates are not necessarily a true population prevalence rate is also explained.

PTI information can supplement QOF prevalence rates by giving further insight into the patient contacts associated with the QOF conditions, taking into account age, gender and levels of deprivation (as shown in the '[Specific conditions](#)' section). PTI can also be used to examine co-morbidities (i.e. patients who have consulted for more than one condition), where these co-morbidities are recorded by the practice in the consultation record. Whilst some QOF registers count the total number of a practice's patients who have at least one of a specified list of conditions, the data reported for QOF cannot be broken down to show the extent to which the prevalence of certain conditions may overlap.

The chronic conditions included in the QOF clinical domain account for a substantial proportion of patient contacts with a GP or practice nurse. Figure 10 provides information on the number of contacts relating to any of the health conditions or other circumstances covered by QOF registers in 2010/11, as a percentage of all contacts.

Fig 10. Conditions included in the QOF clinical domain¹ - contacts as percentage of total contacts²; 2010/11



¹ The health conditions and care need categories included in the QOF clinical domain for 2010/11 are: asthma, atrial fibrillation, cancer, CHD, chronic kidney disease, COPD, dementia, depression, diabetes mellitus, epilepsy, heart failure, hypertension, hypothyroidism, learning disabilities, mental health, obesity, palliative care and stroke (incl. TIAs).

² "QOF contacts" are defined as consultations that mention at least one health condition or care need covered by the QOF clinical domain. Contacts that relate to other parts of the QOF (for example cervical screening) are not included in this group. "Other contacts" are defined as consultations that do not mention a condition or care need covered by the QOF clinical domain. Any consultation that mentions both a QOF and non-QOF condition will be included in the QOF category only.

Note that if for one consultation both a QOF and a non-QOF condition were recorded, this consultation is included in the QOF category only. Also, the QOF category does not include consultations that might relate to parts of the QOF other than the clinical domain. For example, the QOF incentivises practices to provide additional services such as cervical screening and child health surveillance. However, in this illustrative analysis the additional services are not considered. The information shown in the graph is also available in an [Excel table](#) (26KB).

For GPs and practice nurses combined, 17.4% of face to face patient consultations in 2010/11 related to conditions included in the QOF clinical domain. For GPs, just over one in nine (11.6%) consultations were for a QOF-related condition. For practice nurses the share was higher, with 31.1% of consultations relating to at least one QOF condition. This is consistent with their significant role in carrying out the routine monitoring and management of chronic conditions.

Defining the number of contacts relating to the QOF clinical domain conditions is somewhat imprecise and is different from the practice workload strictly due to QOF. Our definition includes those contacts that specify a Read code included in either the QOF business rules (version 17.0 – applicable to the 2010/11 QOF year), or in our own Read Code Groupings defining the conditions that are part of the QOF clinical domain. Some Read codes listed in the QOF business rules are administrative codes (e.g. test results), which will not generally be reported with the PTI data on face-to-face contacts. Any patients with these codes, but without activity or morbidity codes relating to the given condition, will be missed (this is a particular issue with Chronic Kidney Disease). Conversely, some codes are specific to a condition but will not trigger inclusion on the QOF register for that condition. By choosing to use the union (combination) of both groups of Read codes, we aim to maximise the number of contacts applicable to the QOF clinical domain conditions and therefore counted under the 'QOF-related conditions' category. However, in this illustrative analysis we have not included in the "QOF contacts" group below any contacts that do not mention a QOF clinical condition but instead mention activities that are covered by other (non-clinical) QOF indicators. For example we have not included contacts relating to cervical screening.

Both PTI and QOF information are used by a variety of different organisations and people as sources of information (from primary care) on the occurrence of health conditions in the population (complementing information from other healthcare settings, registries or other sources). PTI and QOF were developed for different purposes and measure different things. Both are useful in their own right but we would not expect their figures to be the same. The document '[Comparison of QOF and PTI rates for the QOF clinical domains](#)' gives more details on differences between QOF and PTI rates generally and for specific conditions.

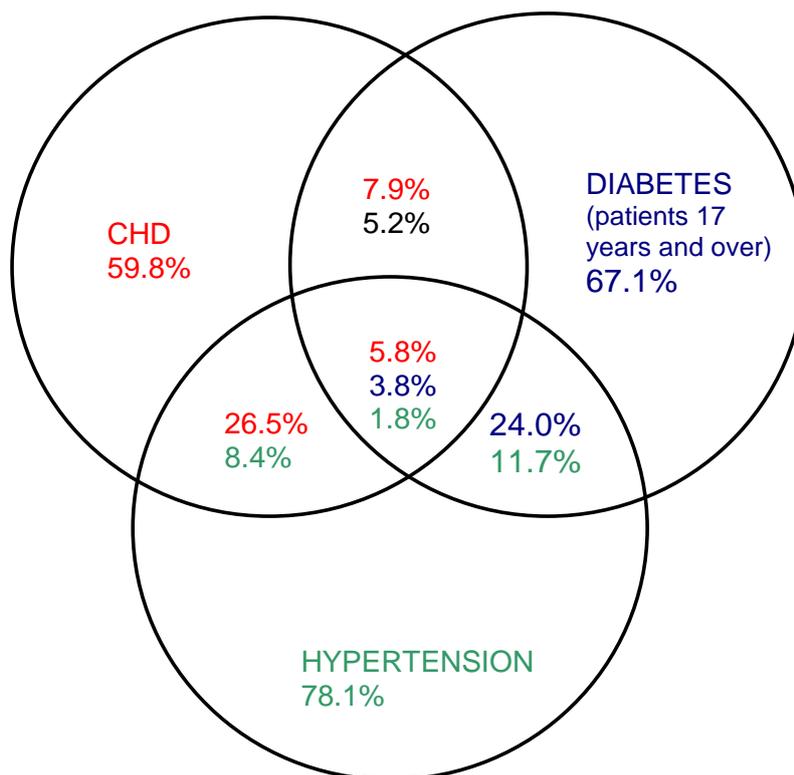
Co-morbidity information: example for CHD, diabetes and hypertension

PTI allows analyses that take into account age, gender and levels of deprivation and enables examination of instances where patients have consulted for one, two or more conditions during the course of a year. Figure 11 shows the degrees of overlap between patients consulting for any of three of the chronic conditions CHD, diabetes and hypertension, for the year ending March 2011. Percentages are colour coded to show the condition they relate to, so that for example the red figure of 7.9% at the top of the diagram indicates that 7.9% of people consulting for CHD in 2010/11 also consulted for diabetes (without hypertension ever being coded as a reason for consultation). Just over one third (34.9% - i.e. 26.5% + 8.4%) of patients who consulted for CHD in 2010/11 also consulted

their practice for hypertension in the year, whilst (35.7% - i.e. 24.0% + 11.7%) of people consulting for diabetes also consulted with hypertension.

These overlaps are not surprising, but they emphasise the close relationship between these conditions and the potential for intervening simultaneously for multiple clinical risk factors.

Fig 11. Percentage of patients consulting for CHD (figures in red), diabetes (figures in blue) or hypertension (figures in green) who also consulted a GP or practice nurse for the other conditions; 2010/11



Specific Conditions

Rather than looking at consultations for any reason, this section concentrates on consultations for 17 specific conditions. For each of these the estimated number of patients consulting in the latest year is shown broken down by age and gender. Also shown is the estimated number of consultations over time.

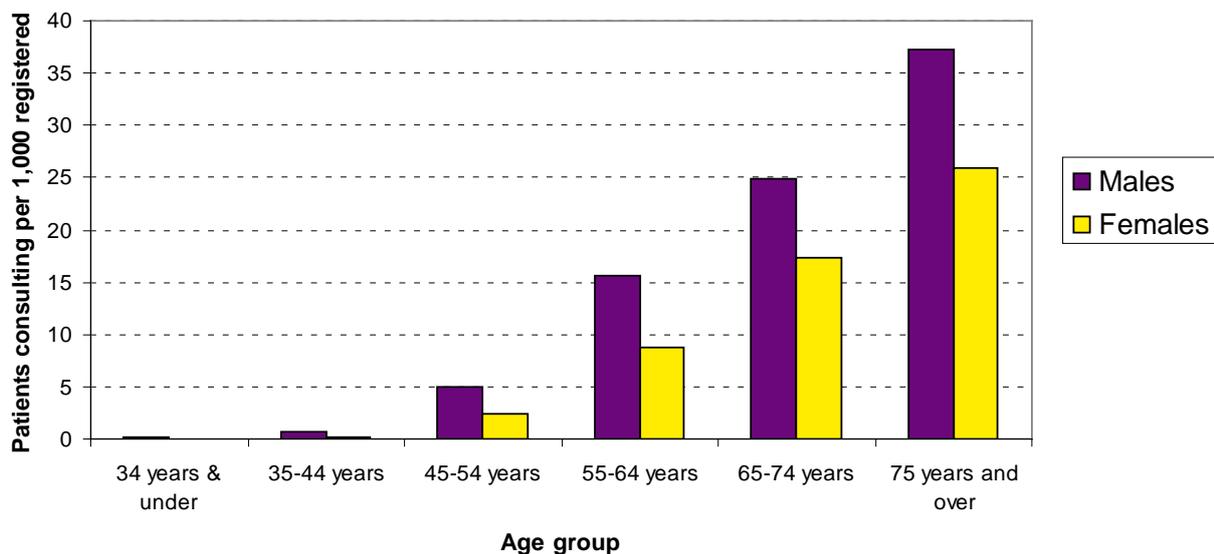
Angina

Number of patients consulting

Figure 12 shows the estimated number of patients in Scotland (per 1,000 registered with a general practice) who consulted either a GP or practice-employed nurse for angina at least once in the year ending 31 March 2011, by gender and age group. It shows, as expected, an increase with age in the number of patients consulting for angina. In all age groups, substantially more males than females consulted for this condition relative to the number of patients registered.

These figures and comparable figures for 2003/04 to 2009/10 are provided in tabular format in an [Excel document](#) (84KB) which also contains 95% confidence intervals for all estimates. The Excel table shows a total estimate of around 34,000 patients seen in the most recent year for angina, with a 95% confidence interval between 27,000 and 40,000 patients. The fairly wide confidence intervals reflect limited precision of these estimates, which can be expected when variation between practices is large (in particular for any estimate based on relatively small numbers).

Fig 12. Angina¹ - estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group



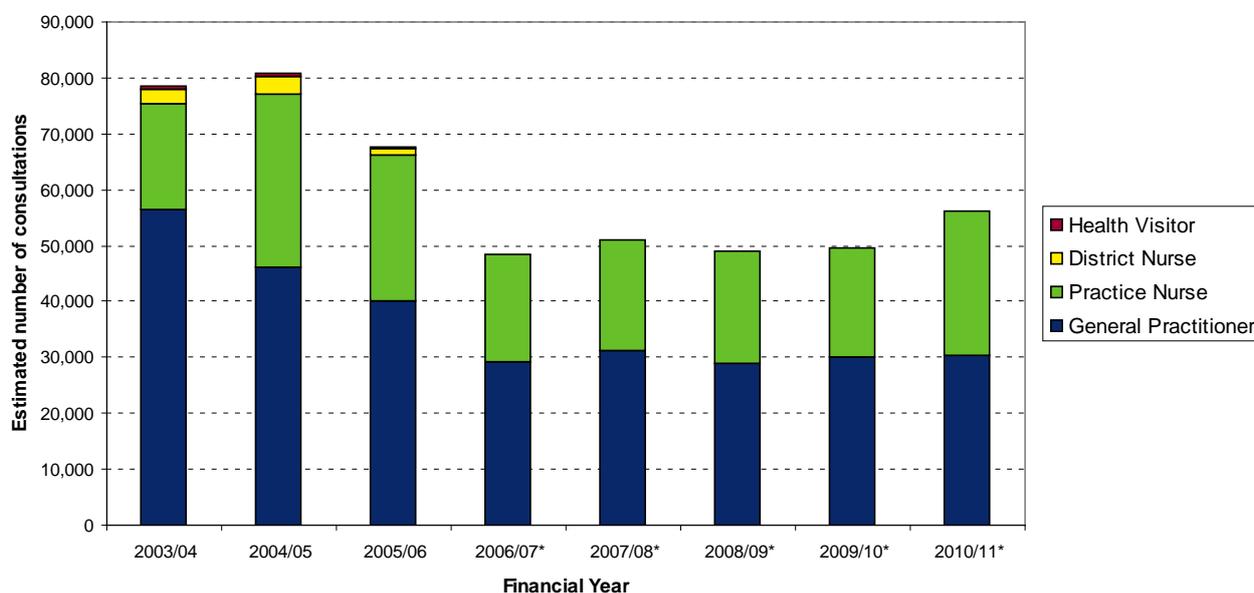
¹ Based on ISD's Read Code Grouping (RCG) 'Angina'. Further information on RCGs can be found on the [PTI website](#).

Number of consultations

Figure 13 shows the estimated numbers of consultations in Scotland for angina for the eight financial years 2003/04 to 2010/11, by staff discipline. These figures are provided in

tabular format in an [Excel document](#) (32KB), which also contains 95% confidence intervals for all estimates.

Fig 13. Angina¹ - estimated number of consultations with a GP or practice-employed nurse in Scotland in the financial years 2003/04 to 2010/11; by staff discipline



* Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

¹ Based on ISD's Read Code Grouping (RCG) 'Angina'. Further information on RCGs can be found on the [PTI website](#).

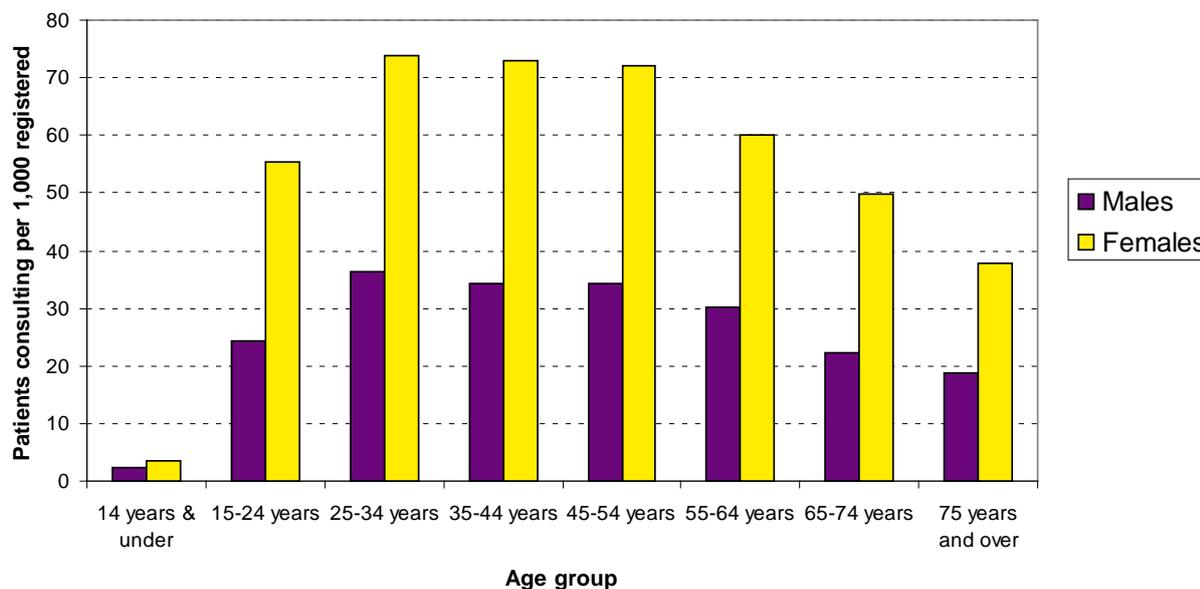
The chart shows that after a steady decrease in estimated numbers of contacts for angina over the first four years, in more recent years the number of consultations with GPs and practice-employed nurses has stayed fairly steady. In the latest year the number of practice nurse contacts has increased again though. The decrease in the earlier years may be a result of changes in the definitions of acute coronary syndromes (increasingly, unstable angina with raised troponin levels is classified as a heart attack (AMI)), improvements in treatments and risk factor levels or changes in the natural history of ischaemic heart disease. It may also relate to the introduction of the [Quality & Outcomes Framework \(QOF\)](#) as part of the new GP contract in April 2004. Angina is one of the conditions covered by QOF indicators and it may be that clinicians have become more precise in their coding for QOF conditions; if patients with suspected angina used to be coded as having angina, now they will only get an angina code once the diagnosis has been confirmed. This would have had the largest impact on PTI figures in the earlier years of QOF, but in the more recent years coding for QOF has become well-embedded in practices' daily routine.

Anxiety

Number of patients consulting

Figure 14 shows the estimated number of patients in Scotland (per 1,000 registered with general practices) who have consulted either a GP or practice-employed nurse for anxiety or other stress-related and somatoform disorders at least once in the year ending 31 March 2011, by gender and age group. Somatoform disorders are a group of psychiatric disorders characterised by physical symptoms suggesting a medical disorder, without these symptoms being fully explained by this medical disorder, substance use, or another mental disorder.

Fig 14. Anxiety and related conditions¹ – estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group



¹ Based on ISD's Read code groupings (RCGs) 'Anxiety and other stress-related and somatoform disorders'. Further information on RCGs can be found on the [PTI website](#).

The graph shows a large difference between genders in that the proportion of patients consulting for anxiety was more than twice as high for females as males in almost all age groups. For both genders the rates peaked in the 25-34 years age group.

These estimates and comparable figures for 2003/04 to 2009/10 are provided in tabular format in an [Excel document](#) (103KB), which also contains 95% confidence intervals for all estimates. The Excel table shows a total estimate of around 219,000 patients seen in the most recent year for anxiety and related conditions, with a 95% confidence interval between 190,000 and 248,000 patients. Fairly wide confidence intervals reflect limited precision of the estimate, and can be expected when variation between practices is large (in particular for any estimate based on relatively small numbers, for example in the youngest age group).

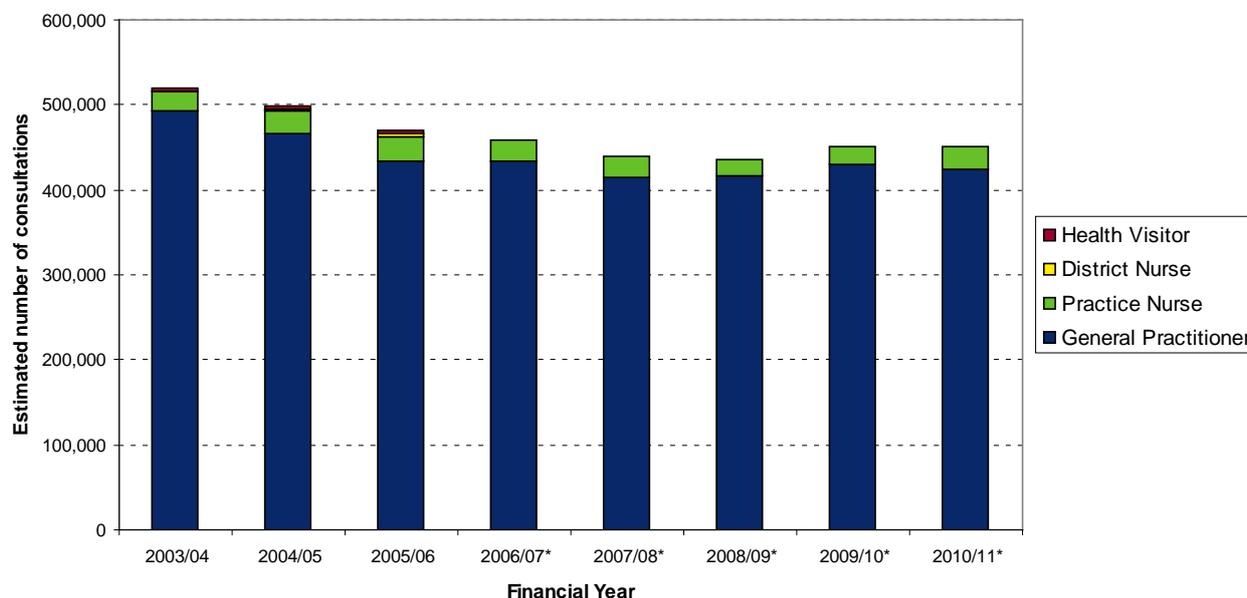
Number of consultations

Figure 15 shows the estimated numbers of consultations in Scotland for anxiety or other stress-related and somatoform disorders for the eight financial years 2003/04 to 2010/11, by staff discipline. These figures are provided in tabular format in an [Excel document](#) (23KB), which also shows 95% confidence intervals for all estimates.

The estimated numbers of consultations for anxiety and related conditions have declined steadily over the first five years, although most markedly from 2004/05 to 2005/06. This is likely to be a result of a general improvement in coding precision due to coding requirements for the [Quality & Outcomes Framework \(QOF\)](#). Although anxiety is not one of the conditions for which the QOF requires a patient register to be maintained, it may well have benefited from improved coding for other conditions that are part of the QOF. Whereas previously patients with anxiety-like symptoms may have been given a code referring to diagnosed anxiety, now clinicians may use a more general code for a psychological symptom or sign and not use an anxiety code until the diagnosis has been

confirmed. In the most recent year a slight rise was observed in the estimated number of consultations. However, the estimated number of patients involved in these consultations has not increased (see [Excel document](#)), suggesting that individual patients have been seen more often as part of their treatment for anxiety or related conditions.

Fig 15. Anxiety and related conditions¹ - estimated number of consultations with a GP or practice-employed nurse in Scotland in the financial years 2003/04 to 2010/11; by staff discipline



* Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

¹ Based on ISD's Read Code Grouping (RCG) 'Anxiety and other neurotic, stress-related, and somatoform disorders'. Further information on RCGs can be found on the [PTI website](#).

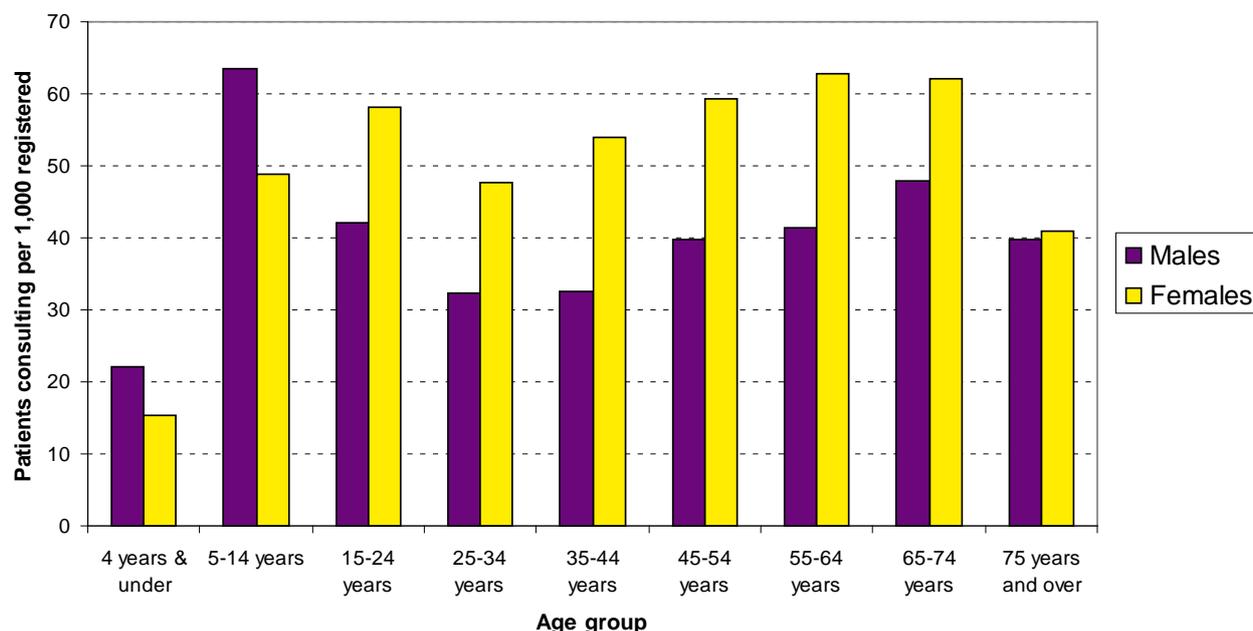
Asthma

Number of patients consulting

Figure 16 shows the estimated number of patients in Scotland (per 1,000 registered with a general practice) who consulted either a GP or practice-employed nurse for asthma at least once in the year ending 31 March 2011, by gender and age group. These estimates and comparable figures for 2003/04 to 2009/10 (including 95% confidence intervals) are also provided in tabular format in an [Excel document](#) (115KB).

In most age categories the rate of patients consulting for asthma was higher in females than in males, except amongst children aged 14 and under. In males the proportion of patients seen for asthma was highest in the 5-14 age category, whereas in females more older patients (between 45 and 74 years of age) were seen. The Excel table shows a total estimate of around 254,000 patients seen in the most recent year for asthma, with a 95% confidence interval between 235,000 and 273,000 patients. The confidence intervals for asthma estimates are relatively small compared to some other conditions, which is associated with higher precision of the estimates. This is likely due to the relatively large numbers involved and relatively small variation between practices.

Fig 16. Asthma¹ – estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group

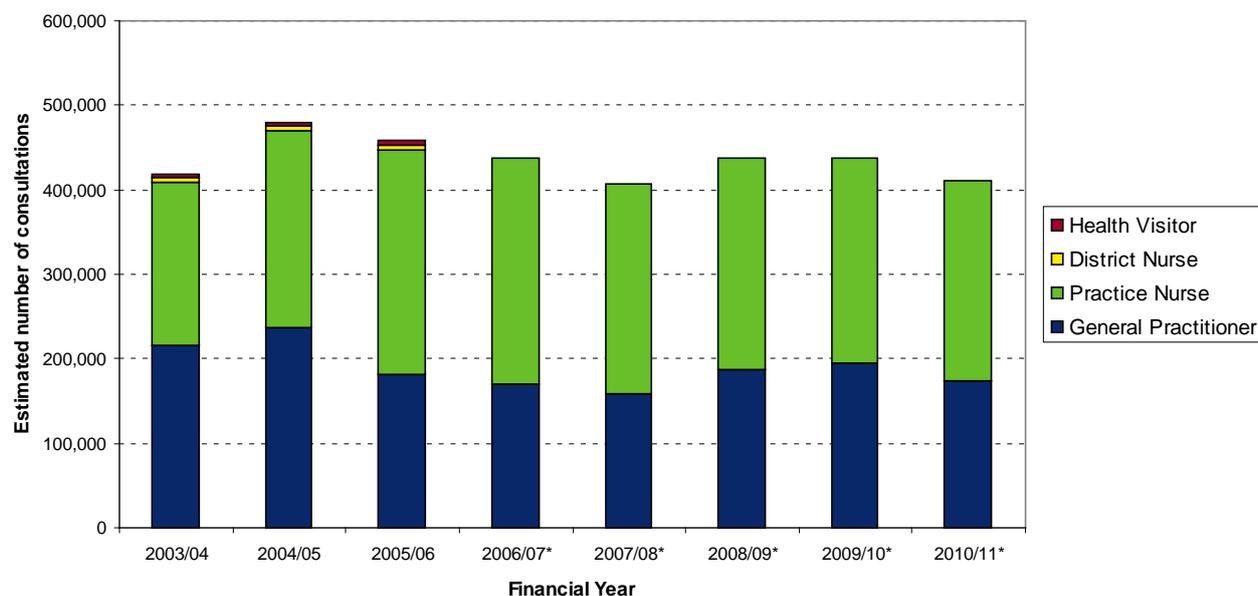


¹ Based on ISD's Read Code Grouping (RCG) 'Asthma'. Further information on RCGs can be found on the [PTI website](#).

Number of consultations

Figure 17 shows the estimated numbers of consultations in Scotland for asthma for the eight financial years 2003/04 to 2010/11, by staff discipline. These figures are provided in tabular format in an [Excel document](#) (23KB), which includes 95% confidence intervals for all estimates.

Fig 17. Asthma¹ – estimated number of consultations with a GP or practice-employed nurse in Scotland in the financial years 2003/04 to 2010/11; by staff discipline



* Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

¹ Based on ISD's Read Code Grouping (RCG) 'Asthma'. Further information on RCGs can be found on the [PTI website](#).

The chart shows that contacts for asthma were more frequently with a practice nurse than a GP, reflecting the fact that routine monitoring of asthma is often carried out by nurses. The total numbers of consultations appear to have dropped from 2004/05 to 2007/08, however, this is not associated with an appreciable drop in patient numbers; these have stayed fairly stable (see the [Excel document](#)). Therefore there has been a decrease in the average number of contacts per asthma patient over this time period, which could be a result of improved efficiency in the practice, or improved treatment methods requiring less clinical intervention and/or allowing patients to manage the condition better themselves. In more recent years the estimated numbers of consultations as well as patients has risen again back to levels comparable to 2005/06. It must be noted that there was substantial variation in asthma consultation rates between practices in the PTI sample, which means that the estimated figures for Scotland have sizeable confidence intervals. Therefore some of the apparent differences between years could be due to changes to the practice sample.

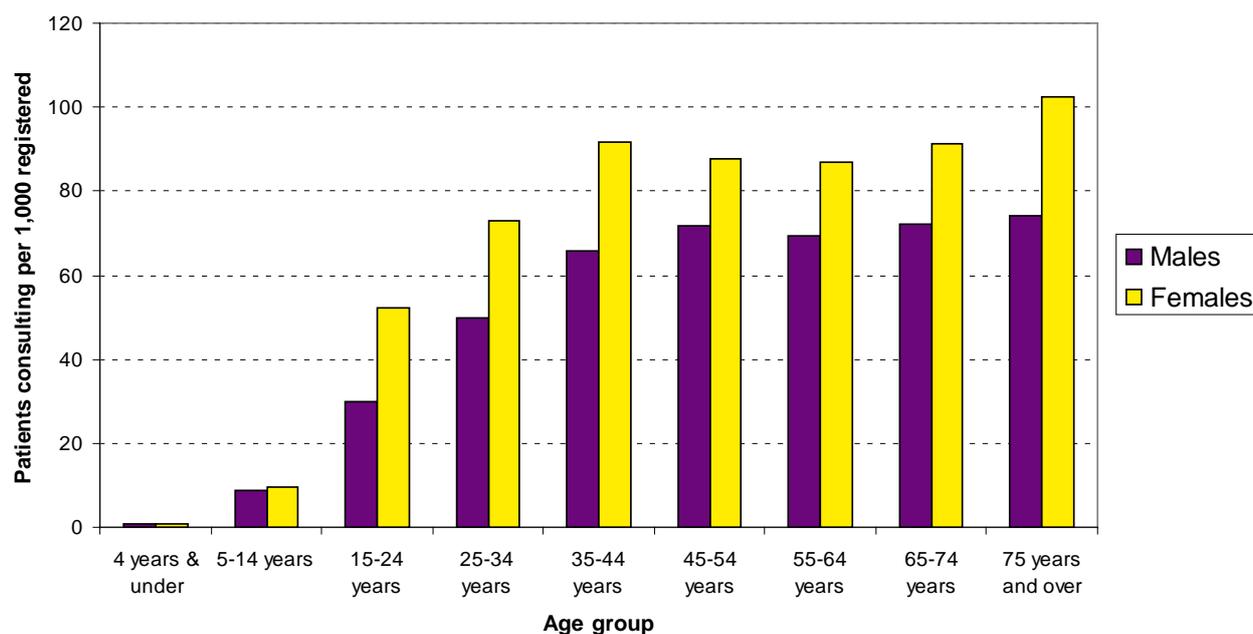
The jump in estimated numbers of asthma contacts between 2003/04 and 2004/05 may relate, at least in part, to the introduction of the [Quality & Outcomes Framework \(QOF\)](#) as part of the new GP contract in April 2004. Asthma is one of the conditions covered by QOF indicators and it is likely that the use of appropriate coding to identify asthma contacts improved around this time.

Back pain

Number of patients consulting

Figure 18 shows the estimated number of patients in Scotland (per 1,000 registered with a practice) who consulted either a GP or practice nurse for back pain at least once in the year ending 31 March 2011, by gender and age group.

Fig 18. Back pain² - estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group



² Read codes are specifically selected for analysis of this condition. Please refer to the [PTI team](#) for further clarification.

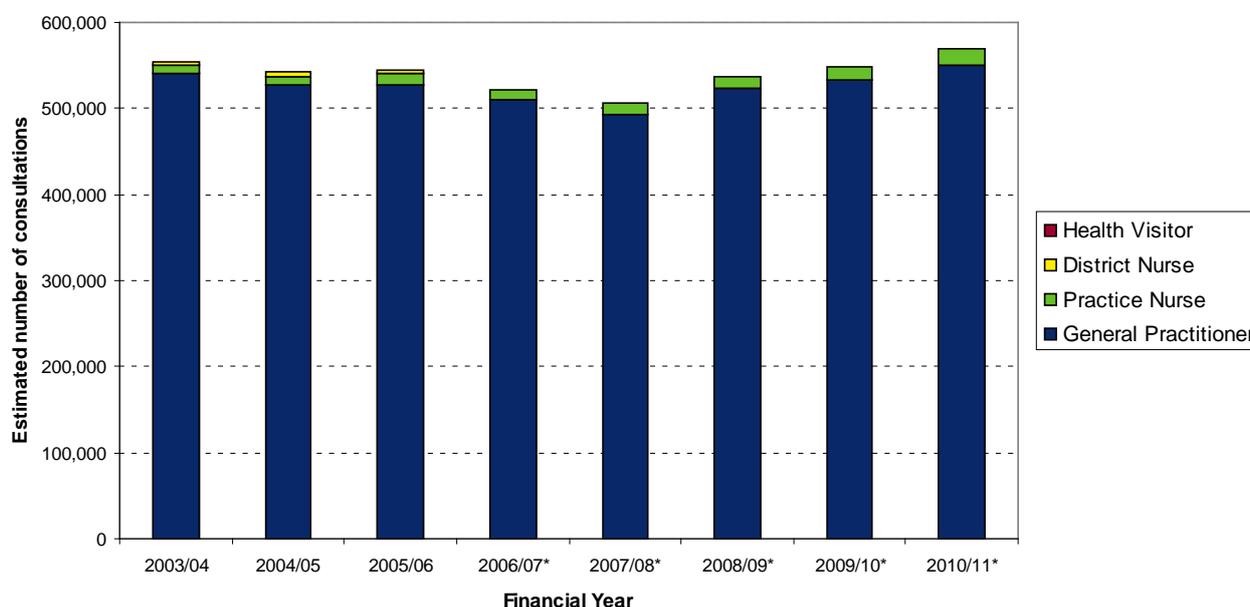
The graph suggests that older people are more likely to consult because of back pain. In all age groups there were a larger number of females consulting compared to males. However, surveys¹ suggest that back pain is more common in men than women, and these apparent differences may only reflect the fact that women are more likely than men to consult their practice.

These figures and comparable figures for 2003/04 to 2009/10 are also provided in tabular format in an [Excel document](#) (116KB). This table also contains the 95% confidence intervals for all estimates. The Excel table shows a total estimate of around 336,000 patients seen in the most recent year for back pain, with a 95% confidence interval between 318,000 and 355,000 patients. The confidence intervals for back pain estimates are generally fairly narrow (except for the youngest age groups), which means that the estimates are relatively precise. This can be expected when the numbers of patients are large and variation between practices is relatively small.

Number of consultations

Figure 19 shows the estimated numbers of consultations in Scotland for back pain for the eight financial years 2003/04 to 2010/11, by staff discipline. These figures are provided in tabular format in an [Excel document](#) (23KB), which includes 95% confidence intervals for all estimates.

Fig 19. Back pain¹ - estimated number of consultations with a GP or practice-employed nurse in Scotland in the financial years 2003/04 to 2010/11; by staff discipline



* Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

¹ Read codes are specifically selected for analysis of this condition. Please contact the [PTI team](#) for further clarification

After slight falls in 2006/07 and 2007/08 in the estimated numbers of patients consulting for back pain, the number rose again in years 2008/09 to 2010/11. However these changes should be interpreted with caution as the differences are relatively small and not likely to be statistically significant. The changes from year to year in the estimated numbers of patients

¹ Palmer KT, Walsh K, Bendall H, Cooper C, Coggon D. Back pain in Britain: comparison of two prevalence surveys at an interval of 10 years. *BMJ* 2000; 320:1577.

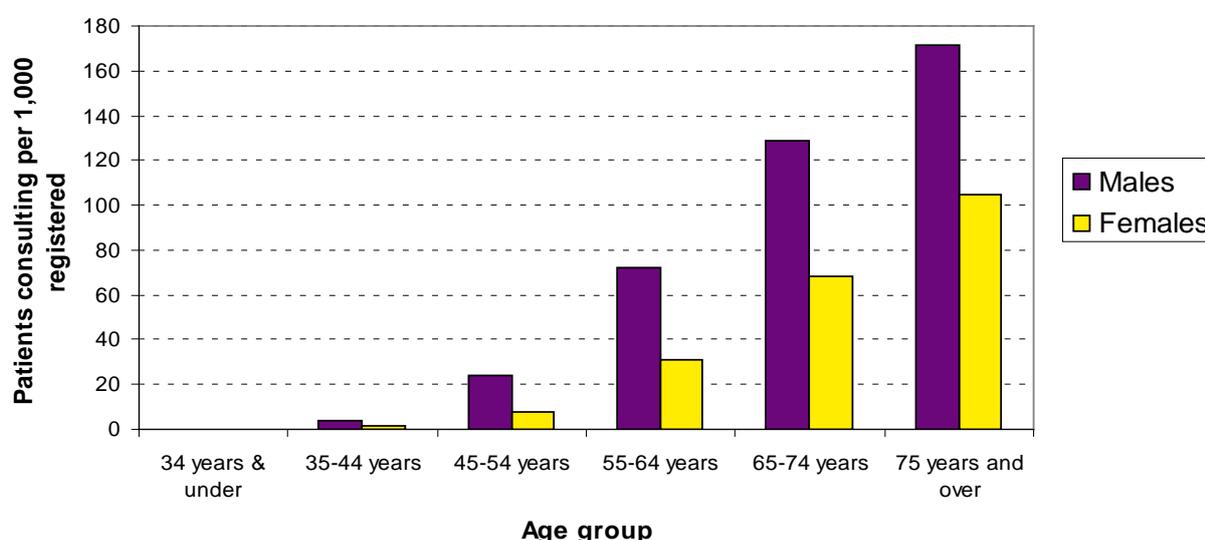
seen for back pain (see the [Excel document](#) referred to in the Number of Patients section above) show a similar pattern but differences are even smaller. Most of the contacts for back pain were with the GP, with a very small proportion of practice nurse contacts.

Coronary Heart Disease (CHD)

Number of patients consulting

Figure 20 shows the estimated number of patients in Scotland (per 1,000 registered with a practice) who consulted either a GP or practice-employed nurse for coronary heart disease (CHD) at least once in the year ending 31 March 2011, by gender and age group.

Fig 20. Coronary heart disease¹ - estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group



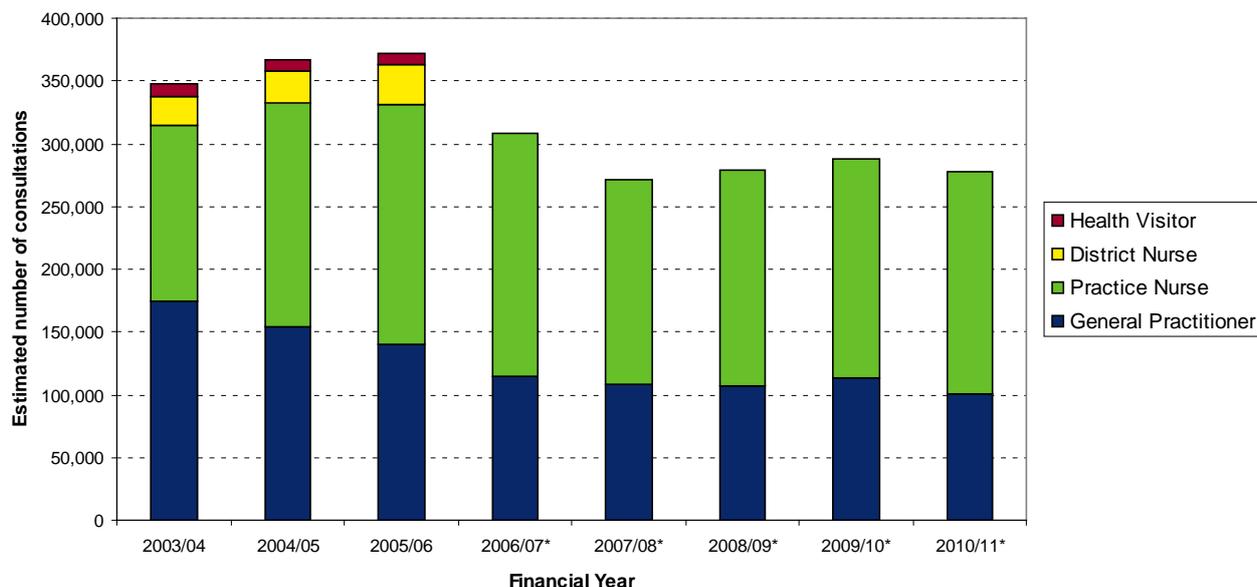
¹ Based on ISD's Read code groupings (RCGs) 'Angina', 'Acute myocardial infarction', 'Ischaemic heart diseases excluding angina & acute myocardial infarction' and 'CHD monitoring'. Further information on RCGs can be found on the [PTI website](#).

Fig 20 shows the expected pattern of higher numbers of patients consulting in males compared to females, coupled with a sharp increase in consultations with increasing age. These figures and comparable figures for 2003/04 to 2009/10 are also provided in tabular format in an [Excel document](#) (98KB). This table also contains the 95% confidence intervals for all estimates. The Excel table shows a total estimate of around 149,000 patients seen in the most recent year for CHD, with a 95% confidence interval between 138,000 and 160,000 patients. The confidence intervals for CHD estimates are generally quite wide although less so for the older age groups, which means that the estimates, more so for the younger ages, have limited precision. This can be expected when the variation between practices is relatively large.

Number of consultations

Figure 21 shows the estimated numbers of consultations in Scotland for CHD for the eight financial years 2003/04 to 2010/11, by staff discipline. These figures are provided in tabular format in an [Excel document](#) (23KB), which includes 95% confidence intervals for all estimates.

Fig 21. Coronary heart disease¹ - estimated number of consultations with a GP or practice-employed nurse in Scotland in the financial years 2003/04 to 2010/11; by staff discipline



* Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

¹ Based on ISD's Read Code Grouping (RCG) 'Angina', 'Acute myocardial infarction', 'Ischaemic heart diseases excluding angina & acute myocardial infarction' and 'CHD monitoring'. Further information on RCGs can be found on the [PTI website](#).

The chart shows that following a steady drop between 2004/05 and 2007/08, the numbers rose again over the next three years although numbers have dropped slightly in 2010/11. The initial drop is less apparent in the estimated numbers of patients seen over the same time period (see the [Excel document](#)). This suggests that over the 2004/05 to 2007/08 time period the average number of contacts per CHD patient somewhat decreased, perhaps because of improved efficiency in the practice or improved treatment methods requiring less intervention. In 2010/11 both numbers of patients and numbers of consultations dropped although sizeable confidence intervals suggest that these changes may not be statistically significant. The initial increase from 2003/04 to 2004/05 may relate in part to the introduction of the [Quality & Outcomes Framework \(QOF\)](#) as part of the new GP contract in April 2004. CHD is one of the conditions covered by QOF indicators and it may be that practices increased their use of CHD-related coding around this time.

A high proportion of the contacts for CHD were with a practice nurse, reflecting the fact that chronic disease management is often carried out by nurses. In some practices there may be increased involvement in CHD care by nursing staff not employed by the practice (and hence not recording data for PTI) resulting in a reduction in the number of contacts by GPs and practice-employed nurses reported here. This may in particular explain the notable drop in practice nurse contacts from 2006/07 to 2007/08.

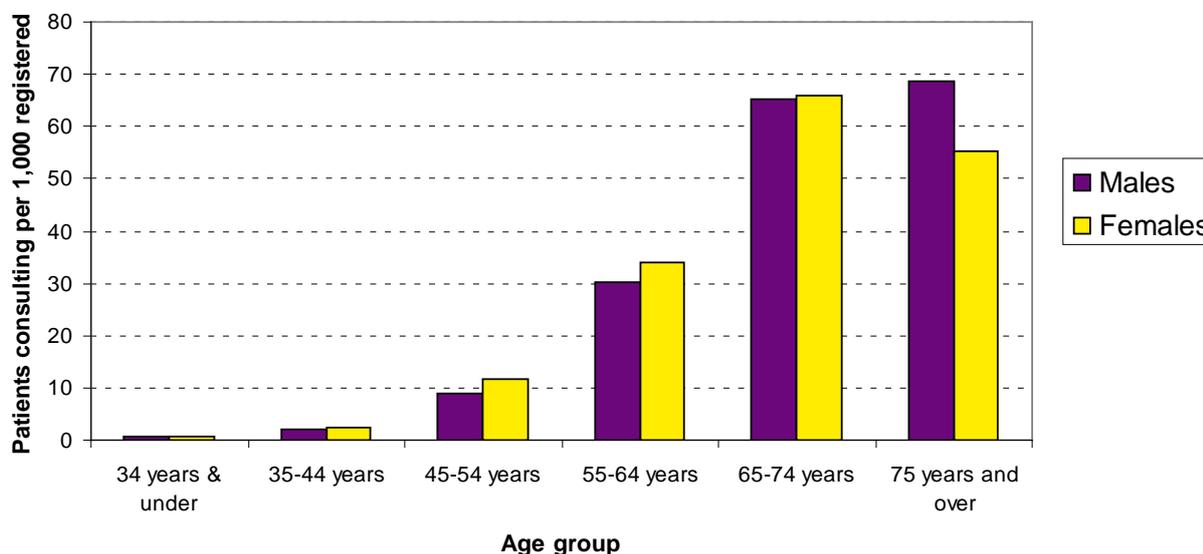
Chronic Obstructive Pulmonary Disease (COPD)

Number of patients consulting

Figure 22 shows the estimated number of patients in Scotland (per 1,000 patients registered) who consulted either a GP or practice-employed nurse for COPD (chronic obstructive pulmonary disease) at least once in the year ending 31 March 2011, by gender and age group. As expected, consultation rates for COPD increase with increasing age.

The rates of males consulting for COPD were higher than for females only in the oldest age category (75+), but in the younger age groups females were more likely to contact their practice for COPD.

Fig 22. COPD¹ - estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group



¹ Based on ISD's Read code groupings (RCGs) 'COPD'. Further information on RCGs can be found on the [PTI website](#).

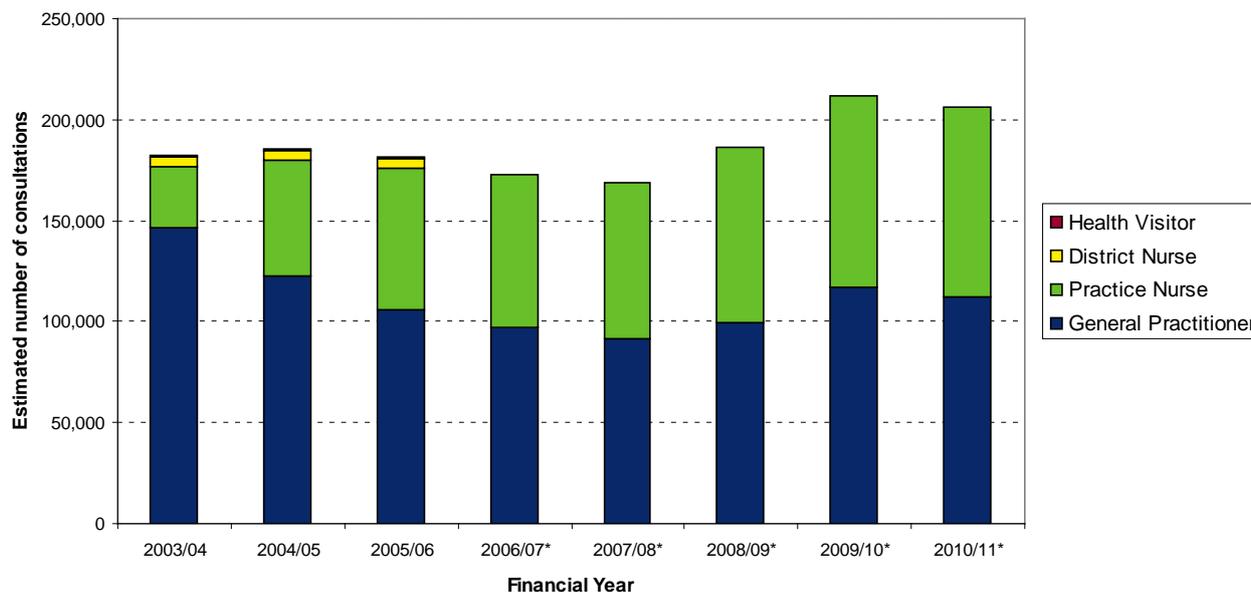
These figures and comparable figures for 2003/04 to 2009/10 are also provided in tabular format in an [Excel document](#) (98KB), which also contains 95% confidence intervals for all estimates. The Excel table shows a total estimate of around 89,000 patients seen in the most recent year for COPD, with a 95% confidence interval between 79,000 and 100,000 patients. The confidence intervals are substantial for all age classes, suggesting limited precision of the estimates. Large confidence intervals would be expected when variation between practices is large, in particular for estimates based on relatively small numbers of patients.

Number of consultations

Figure 23 shows the estimated numbers of consultations in Scotland for chronic obstructive pulmonary disease (COPD) for the eight financial years 2003/04 to 2010/11, by staff discipline. The figures in the chart below are also provided in tabular format in an [Excel document](#) (23KB), including 95% confidence intervals for all estimates.

The estimated number of contacts with GPs decreased markedly over the first four to five years of this time period, but this was largely counterbalanced by an increase in the estimated number of contacts with practice nurses. This reflects the fact that routine monitoring of many chronic conditions has, over the period of time shown, been increasingly carried out by nurses. The number of patients seen by either GPs or practice nurses has not changed substantially over this time period (see the [Excel document](#)). From 2007/08 to 2009/10 the estimated number of consultations rose quite rapidly but dropped slightly to the most recent year, and the same drop was seen in the estimated numbers of patients. This is consistent with a drop in the prevalence of COPD as reported by other sources (see for example the [ScotPHO website](#)).

Fig 23. COPD¹ - estimated number of consultations with a GP or practice-employed nurse in Scotland in the financial years 2003/04 to 2010/11; by staff discipline



* Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

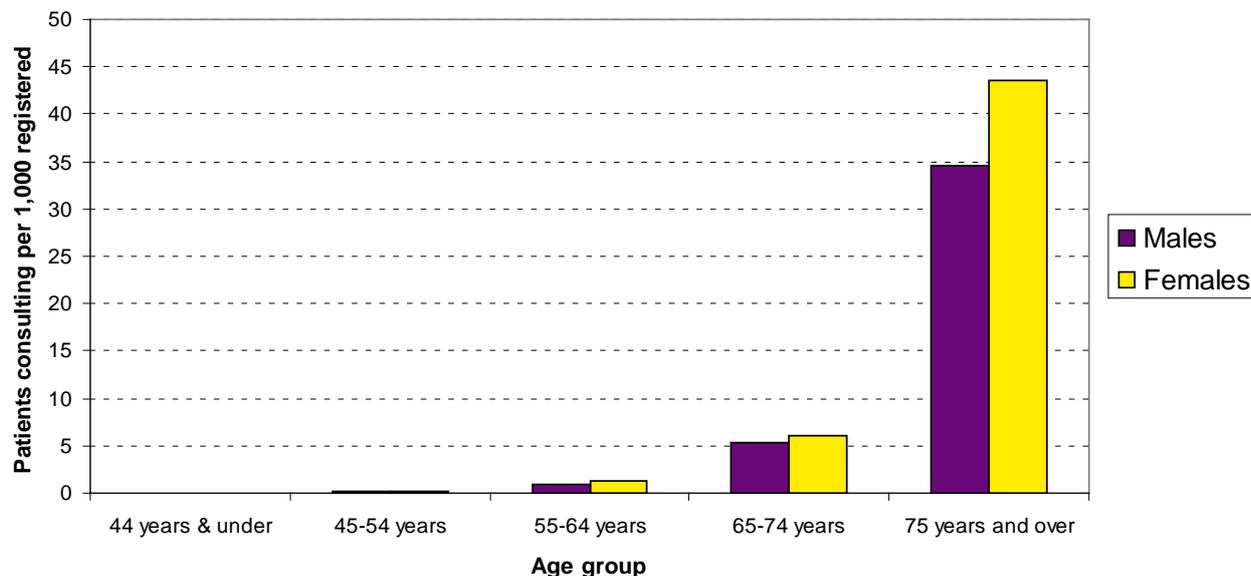
¹ Based on ISD's Read Code Grouping (RCG) 'COPD'. Further information on RCGs can be found on the [PTI website](#).

Dementia

Number of patients consulting

Figure 24 shows the estimated number of patients in Scotland (per 1,000 registered with a general practice) who have consulted either a GP or practice nurse for dementia at least once in the year ending 31 March 2011, by gender and age group.

Fig 24. Dementia¹ - estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group



¹ Based on ISD's Read Code Grouping (RCG) 'Dementia'. Further information on RCGs can be found on the [PTI website](#).

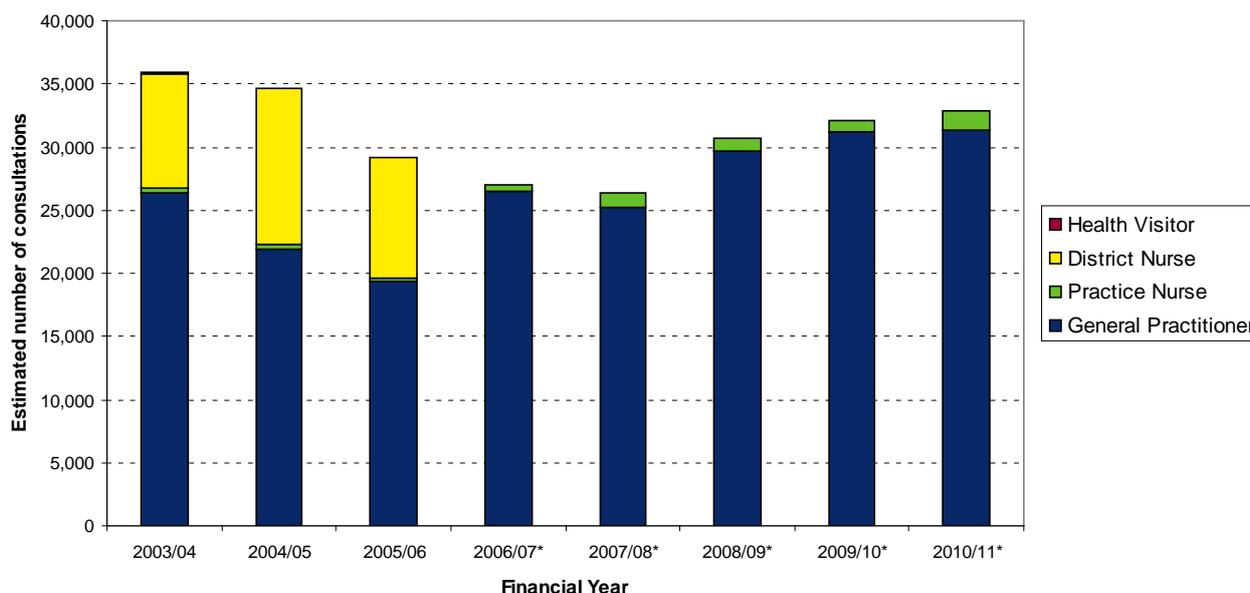
As expected, the estimated proportions of patients consulting for dementia were very low in the age groups up to and including 55-64 years and highest for those aged 75 years and over. There is some variation between individual years as to whether consultation rates in the over 75s are higher in males or females. However, because dementia becomes more prevalent with age, and women live on average longer than men, the absolute numbers of women consulting for dementia in the oldest age group are invariably higher than the numbers of men.

These figures and comparable figures for 2003/04 to 2009/10 are also provided in tabular format in an [Excel document](#) (91KB), which also contains 95% confidence intervals for all estimates. The Excel table shows a total estimate of around 20,000 patients seen in the most recent year for dementia, with a 95% confidence interval between 16,000 and 24,000 patients. The width of the confidence intervals is inversely correlated to the precision of the estimates, and can be expected to be large when variation between practices is large (in particular for any estimate based on relatively small numbers, for example in small age categories).

Number of consultations

Figure 25 shows the estimated numbers of consultations in Scotland for dementia for the eight financial years 2003/04 to 2010/11, by staff discipline. These figures are provided in tabular format in an [Excel document](#) (23KB), which includes 95% confidence intervals for all estimates. After an initial drop from 2003/04 to 2005/06, the estimated number of GP or practice-employed nurse contacts for dementia has steadily been rising. The rise in consultations over this time period may in part be a result of an ageing population in Scotland, and since 2006/07 it may also reflect incentives to review dementia care that were introduced as part of the [Quality & Outcomes Framework \(QOF\)](#) for 2006/07. Clearly district nurses also play a major part in the care of dementia patients, as demonstrated by the figures up to 2005/06.

Fig 25. Dementia¹ - estimated number of consultations¹ in Scotland in the financial years 2003/04 to 2010/11; by staff discipline



* Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

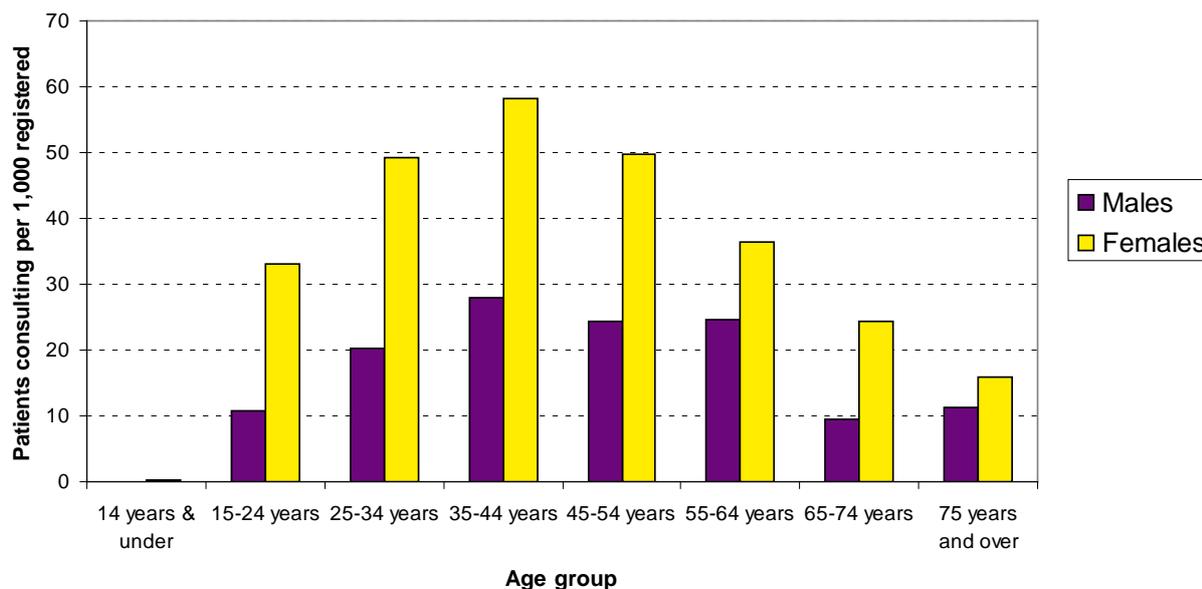
¹ Based on ISD's Read Code Grouping (RCG) 'Dementia'. Further information on RCGs can be found on the [PTI website](#).

Depression

Number of patients consulting

Figure 26 shows the estimated number of patients in Scotland (per 1,000 registered) who consulted either a GP or practice-employed nurse for depression and other affective mood-related disorders at least once in the year ending 31 March 2011 by gender and age group.

Fig 26. Depression* - estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group



* Based on ISD's Read Code Grouping (RCG) 'Depression and other affective disorders'. Further information on RCGs can be found on the [PTI website](#).

As expected on the basis of other evidence², the rates were higher for females than for males in all age groups. The total numbers of females estimated to consult for depression annually are more than double the estimate for males.

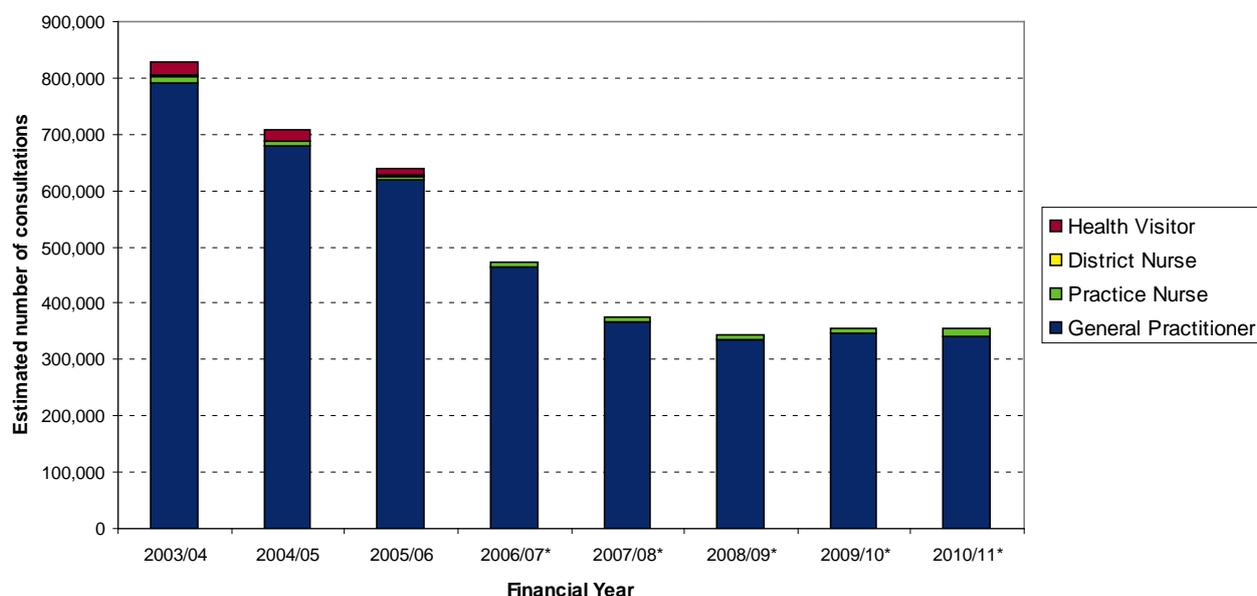
These figures and comparable figures for 2003/04 to 2009/10 are also provided in tabular format in an [Excel document](#) (109KB), which also contains 95% confidence intervals for all estimates. The Excel table shows a total estimate of around 140,000 patients seen in the most recent year for depression, with a 95% confidence interval between 118,000 and 162,000 patients. Fairly wide confidence intervals reflect limited precision of the estimate, and can be expected when variation between practices is large and when the estimate is based on relatively small numbers of patients (for example in the youngest age group).

Number of consultations

Figure 27 shows the estimated numbers of consultations in Scotland for depression for the eight financial years 2003/04 to 2010/11, by staff discipline. These figures are provided in tabular format in an [Excel document](#) (23KB), which includes 95% confidence intervals for all estimates.

² National Institute for Health and Clinical Excellence (NICE). Clinical Guideline 23. Depression: management of depression in primary and secondary care. NICE, London, 2004

Fig 27. Depression¹ - estimated number of consultations with a GP or practice-employed nurse in Scotland in the financial years 2003/04 to 2010/11; by staff discipline



* Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

¹ Based on ISD's Read Code Grouping (RCG) 'Depression and other affective disorders'. Further information on RCGs can be found on the [PTI website](#).

It is clear from the chart that the vast majority of consultations for depression were with a GP and that the proportions involving the other disciplines were relatively small. The total numbers of consultations where depression was coded as a reason for consultation have decreased considerably from 2003/04 to 2007/08, but have remained fairly steady over the last three years. The decline is likely mainly a result of clinicians having become more precise in their coding. Previously, patients with depression-like symptoms may have been given a code referring to diagnosed depression, whereas now they may use a more general code for a psychological symptom or sign and not use a depression code until the diagnosis has been confirmed. The inclusion in 2006/07 of depression as a condition monitored through the [Quality & Outcomes Framework \(QOF\)](#) of the new GP contract, with its associated rules around coding depression, may have had a particular impact, particularly in relation to the relatively larger drop in depression codes used in consultation data between 2005/06 and 2006/07.

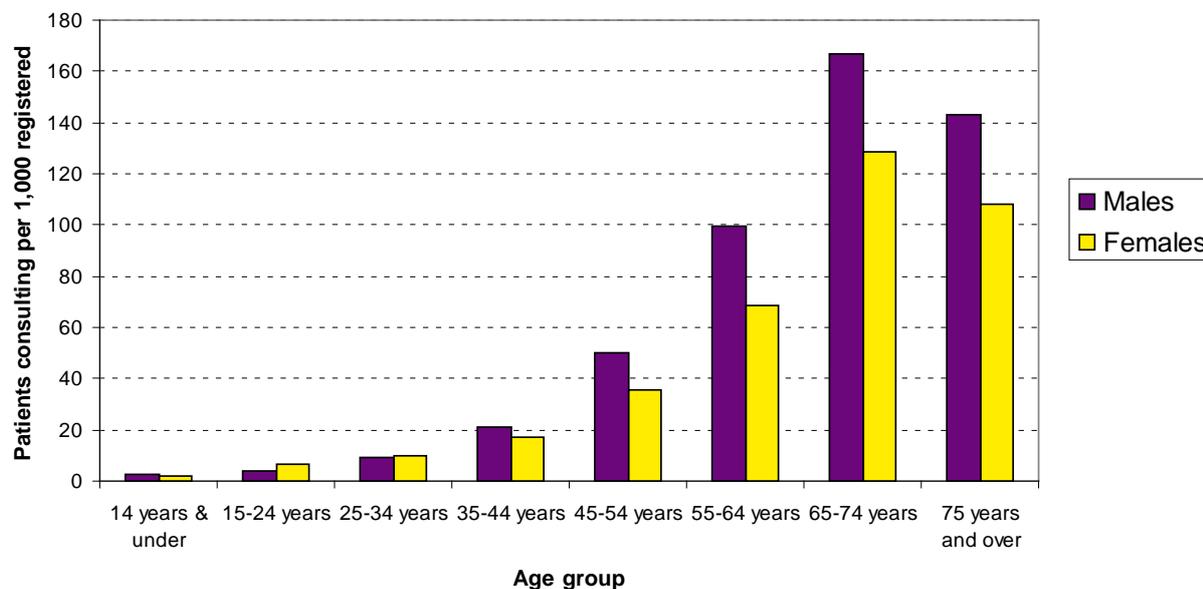
Diabetes

Numbers of patients consulting

Figure 28 shows the estimated number of patients in Scotland (per 1,000 patients registered with a practice) who consulted either a GP or practice-employed nurse for diabetes at least once in the year ending 31 March 2011, by gender and age group.

The chart shows that in most age groups relatively more males than females consulted for diabetes, and that rates largely increase with age. The clinical codes used in data recording for PTI mean that it is often not possible to distinguish between patients consulting for type 1 versus type 2 diabetes, therefore the figures published here refer to both types combined.

Fig 28. Diabetes¹ - estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group



¹ Based on ISD's Read Code Grouping (RCG) 'Diabetes'. Further information on RCGs can be found on the [PTI website](#).

These figures and comparable figures for 2003/04 to 2009/10 are also provided in tabular format in an [Excel document](#) (109KB), which also contains 95% confidence intervals for all estimates. The Excel table shows a total estimate of around 239,000 patients seen in the most recent year for diabetes, with a 95% confidence interval between 200,000 and 279,000 patients. Fairly wide confidence intervals reflect limited precision of the estimate, and can be expected when variation between practices is large (in particular for any estimate based on relatively small numbers).

The Scottish Public Health Observatory (ScotPHO) website (see http://www.scotpho.org.uk/home/Healthwell-beinganddisease/Diabetes/diabetes_keypoints.asp) provides more information on diabetes from a number of sources. It also provides useful links to other sites, among these for the annual Scottish Diabetes Survey. The most recent survey carried out in 2010 can be found at the publications section of the [Diabetes in Scotland](#) website. The all ages/both genders estimate from PTI of the number of patients consulting in 2010/11 was 43.6 per 1,000 registered patients, which is broadly consistent with the survey findings.

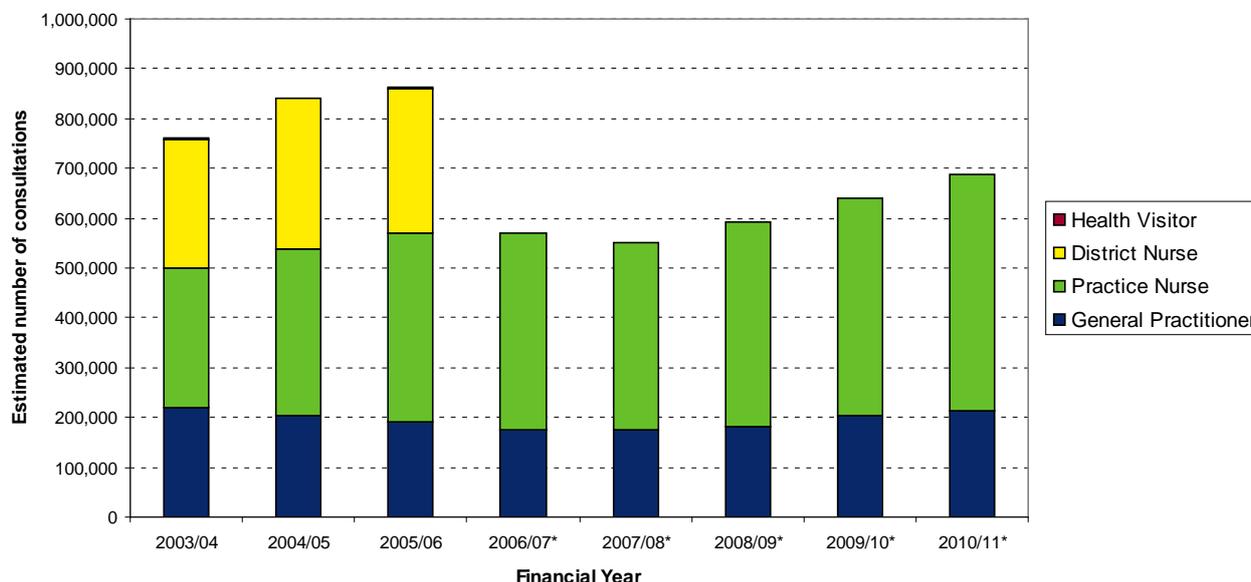
Number of consultations

Figure 29 shows the estimated numbers of consultations in Scotland for diabetes for the eight financial years 2003/04 to 2010/11, by staff discipline. These figures also provided in tabular format in an [Excel document](#) (23KB), which includes 95% confidence intervals for all estimates. The figures published here refer to type 1 and type 2 diabetes combined.

The chart shows that the majority of the patient contacts were with a nurse rather than a GP, and data from the years 2003/04 to 2005/06 suggests that district nurses also play a major part in caring for patients with diabetes. The estimated numbers of GP and practice nurse contacts for diabetes have risen gradually over the eight-year time period, with a slight dip in 2007/08. The apparent dip is a consequence mainly of a decrease in the number of practice nurses contacts being recorded for the PTI data scheme (a particular

issue in 2007/08), potentially because of a shift to diabetes clinics being run by nurses employed by the Board rather than the practice (Board-employed nurses do not usually record data for PTI).

Fig 29. Diabetes¹ - estimated number of consultations with a GP or practice-employed nurse in Scotland in the financial years 2003/04 to 2010/11; by staff discipline



¹ Based on ISD's Read Code Grouping (RCG) 'Diabetes'. Further information on RCGs can be found on the [PTI website](#).
 * Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

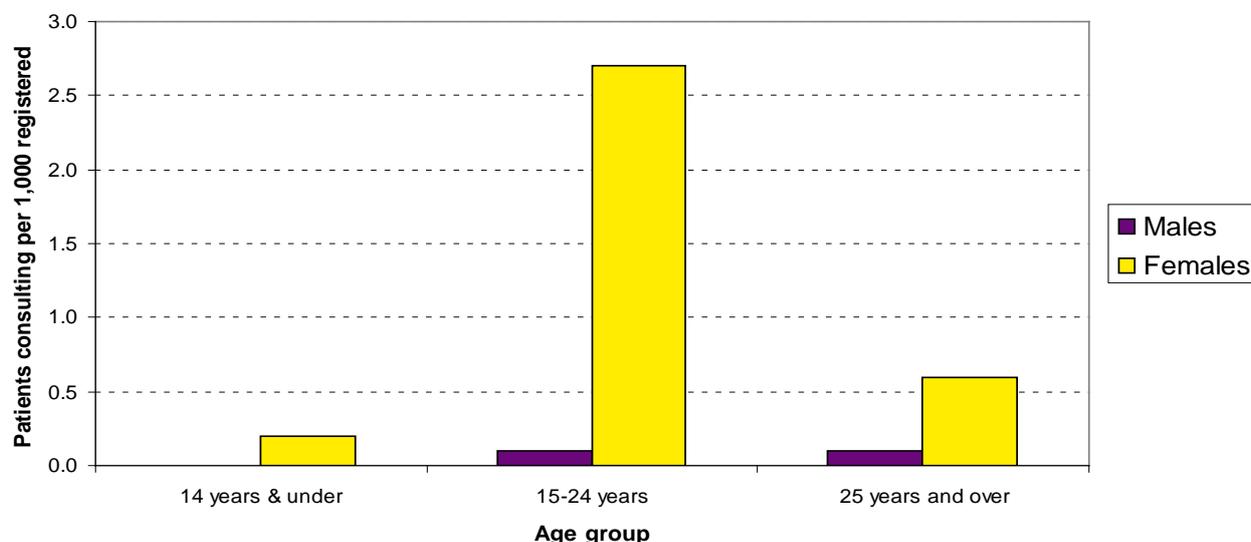
Eating Disorders

Number of patients consulting

Figure 30 shows the estimated number of patients in Scotland per 1,000 patients registered with a practice who consulted either a GP or practice-employed nurse for eating disorders at least once in the year ending 31 March 2011, by gender and age group. Included in the definition of eating disorders are anorexia nervosa, bulimia and other less common eating disorders. As expected, the graph confirms the high prevalence of eating disorders among 15 to 24 year old females. Numbers of consultations for older patients are much lower and are therefore not subdivided into finer age categories.

These figures and comparable figures for 2003/04 to 2009/10 are also provided in tabular format in an [Excel document](#) (82KB), which also contains 95% confidence intervals for all estimates. The Excel table shows a total estimate of around 2,400 patients seen in the most recent year for eating disorders, with a 95% confidence interval between 1,600 and 3,200 patients. Eating disorders are not recorded very frequently as reason for consultation so the estimates are based on low numbers of patients and there is sometimes substantial variation between individual practices in the numbers reported. This is reflected in fairly wide confidence intervals, which means that these estimates have limited precision. This should be kept in mind when interpreting these figures.

Fig 30. Eating disorders¹ - estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group

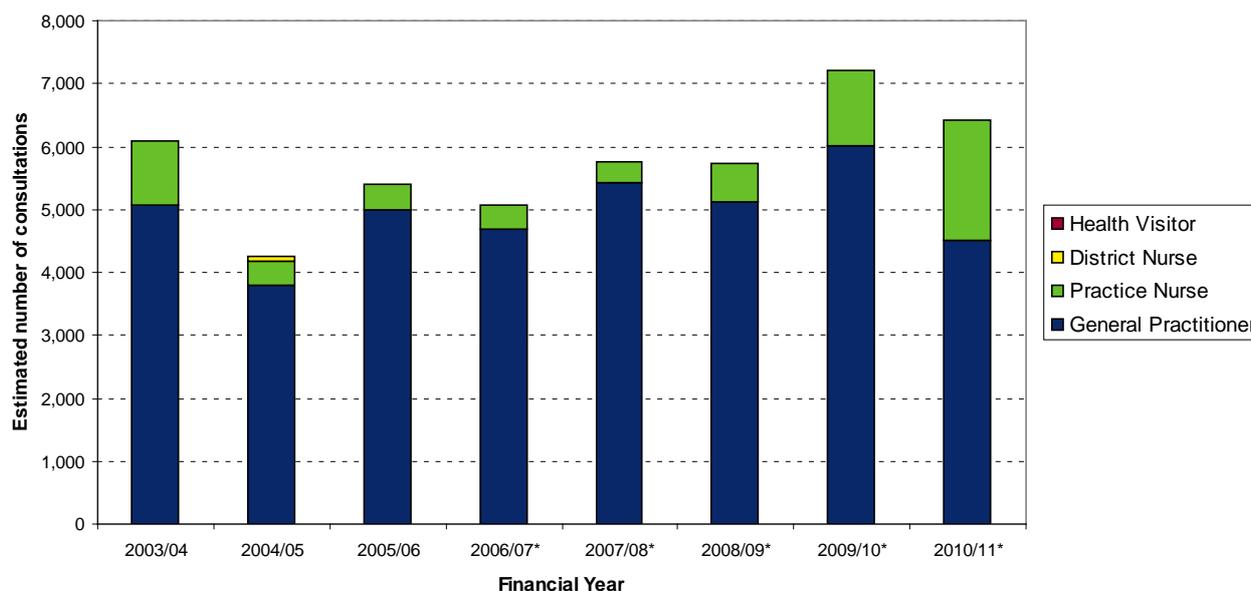


¹ Read codes are specifically selected for analysis of this condition. Please contact the [PTI team](#) for further clarification.

Number of consultations

Figure 31 shows the estimated numbers of consultations in Scotland for eating disorders for the eight financial years 2003/04 to 2010/11, by staff discipline. These figures are provided in tabular format in an [Excel document](#) (23KB), which includes 95% confidence intervals for all estimates.

Fig 31. Eating disorders¹ - estimated number of consultations with a GP or practice-employed nurse in Scotland in financial years 2003/04 to 2010/11; by staff discipline



* Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

¹ Read codes are specifically selected for analysis of this condition. Please contact the [PTI team](#) for further clarification.

The chart shows that most of the consultations for eating disorders were with GPs, with a generally much smaller estimated number for practice nurses. There was no clear pattern

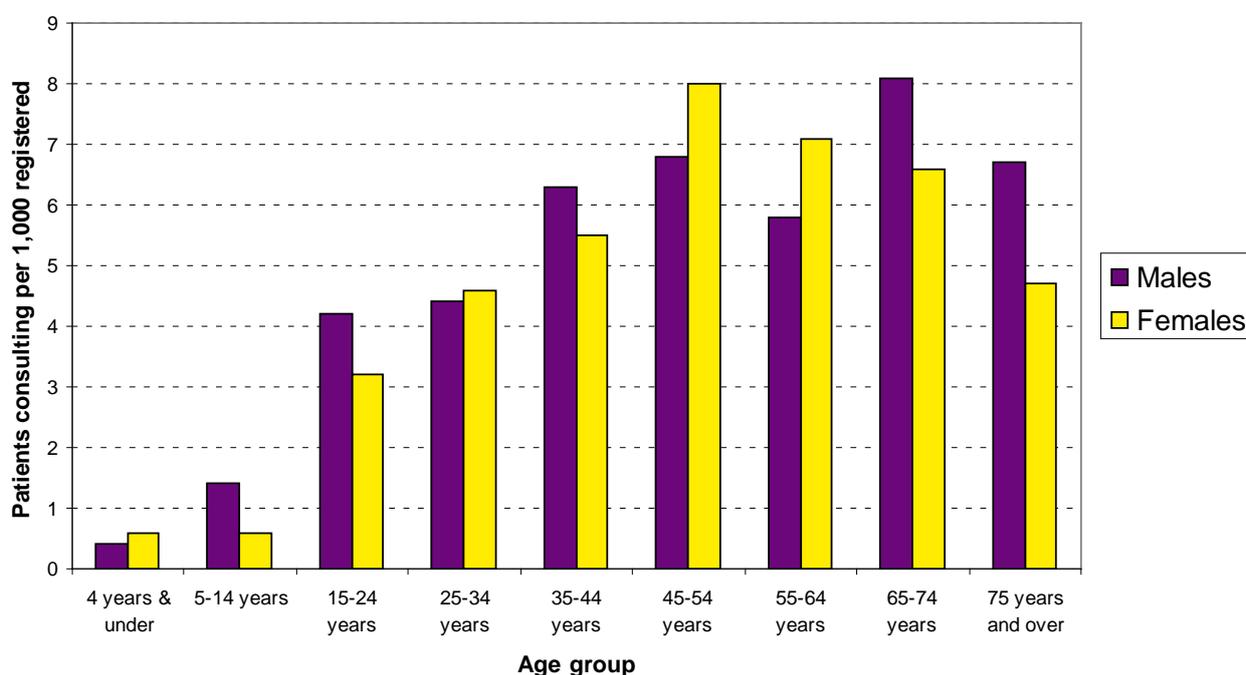
in the number of consultations for eating disorders over the eight years although estimates for 2009/10 seem to be the highest so far, but given the large confidence intervals the differences between the years should not be considered significant.

Epilepsy

Number of patients consulting

Figure 32 shows the estimated number of patients in Scotland per 1,000 patients registered with a practice who consulted either a GP or practice-employed nurse for epilepsy at least once in the year ending 31 March 2011, by gender and age group.

Fig 32. Epilepsy¹ - estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group



¹ Based on ISD's Read Code Grouping (RCG) 'Epilepsy'. Further information on RCGs can be found on the [PTI website](#).

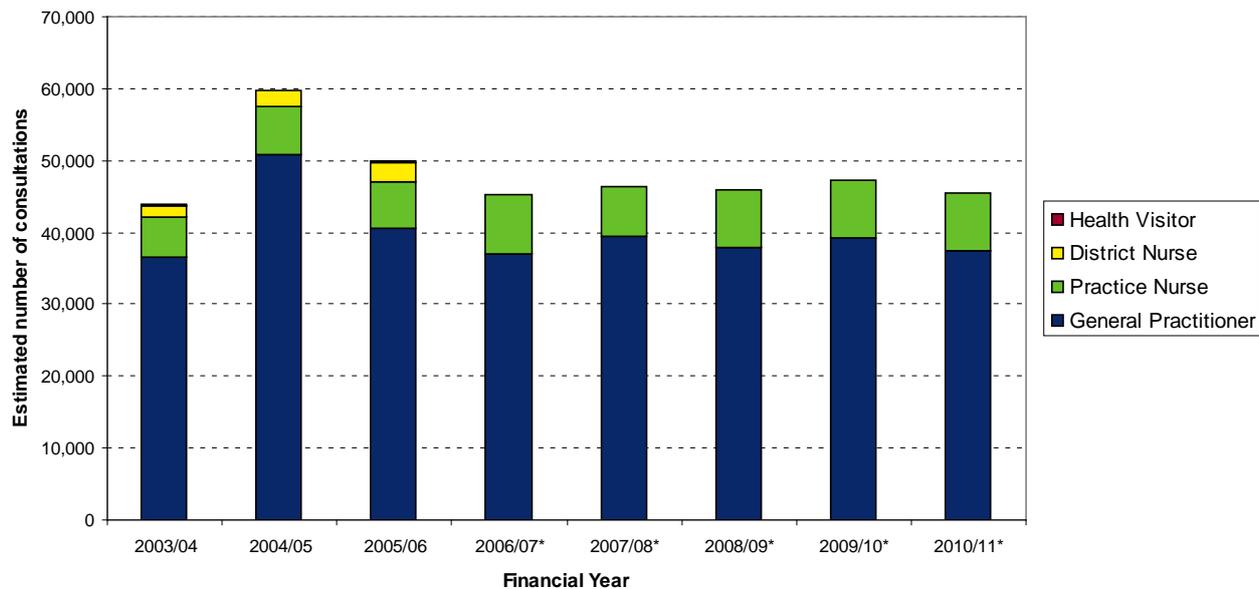
These figures and comparable figures for 2003/04 to 2009/10 are also provided in tabular format in an [Excel document](#) (112KB), which includes 95% confidence intervals for all estimates. These estimates are based on small numbers, with wide confidence intervals. Estimates will therefore have limited reliability, which needs to be kept in mind when interpreting the figures shown here.

The chart shows that the estimated rates of patients consulting for epilepsy are on the whole highest for adults aged 35 and over and substantially lower in children. However, there is a lot of fluctuation between years in the rates for different age groups, and in differences between the genders, which is likely to reflect small numbers of patients. There is some evidence that people with well-controlled epilepsy do not consult frequently, and as a result the total figure of around 28,000 patients seen for epilepsy in 2010/11 (with a confidence interval between 25,000 and 31,000) as shown in the Excel file (based on annual consultation rates) is much lower than the prevalence of epilepsy in Scotland.

Number of consultations

Figure 33 below shows the estimated numbers of consultations in Scotland for epilepsy for the eight financial years 2003/04 to 2010/11, by staff discipline. These figures are provided in tabular format in an [Excel document](#) (23KB), which includes 95% confidence intervals for all estimates.

Fig 33. Epilepsy¹ - estimated number of consultations with a GP or practice-employed nurse in Scotland in the financial years 2003/04 to 2010/11; by staff discipline



* Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

¹ Based on ISD's Read Code Grouping (RCG) 'Epilepsy'. Further information on RCGs can be found on the [PTI website](#).

The estimated number of GP and practice nurse contacts for epilepsy appeared to fluctuate substantially over the early years with a large rise from 2003/04 to 2004/05 but a decrease in the following two years. However, these estimates have large confidence intervals (see the Excel table) so the variability suggested by this chart needs to be interpreted with caution. Practice nurses are shown to have a small but appreciable role in the care of epilepsy patients.

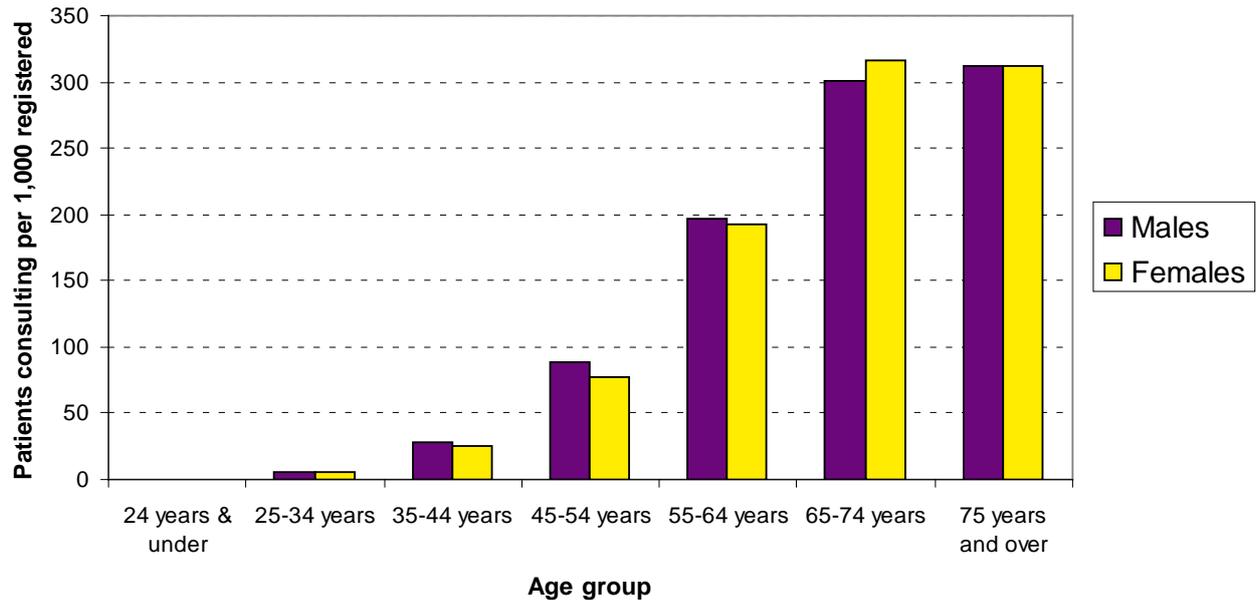
Hypertension

Number of patients consulting

Figure 34 shows the estimated number of patients in Scotland (per 1,000 patients registered with a practice) who consulted either a GP or practice-employed nurse for hypertension (high blood pressure) at least once in the year ending 31 March 2011, by gender and age group. The graph shows that the rates increased sharply with age, and that differences in consultation rates between males and females are small.

These figures and comparable figures for 2003/04 to 2009/10 are provided in tabular format in an [Excel document](#) (105KB), which also contains 95% confidence intervals for all estimates. The Excel table shows a total estimate of around 493,000 patients seen in the most recent year for hypertension, with a 95% confidence interval between 453,000 and 532,000 patients. Because hypertension is quite common, confidence intervals are relatively narrow, indicating better precision of the estimates.

Fig 34. Hypertension¹ - estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group

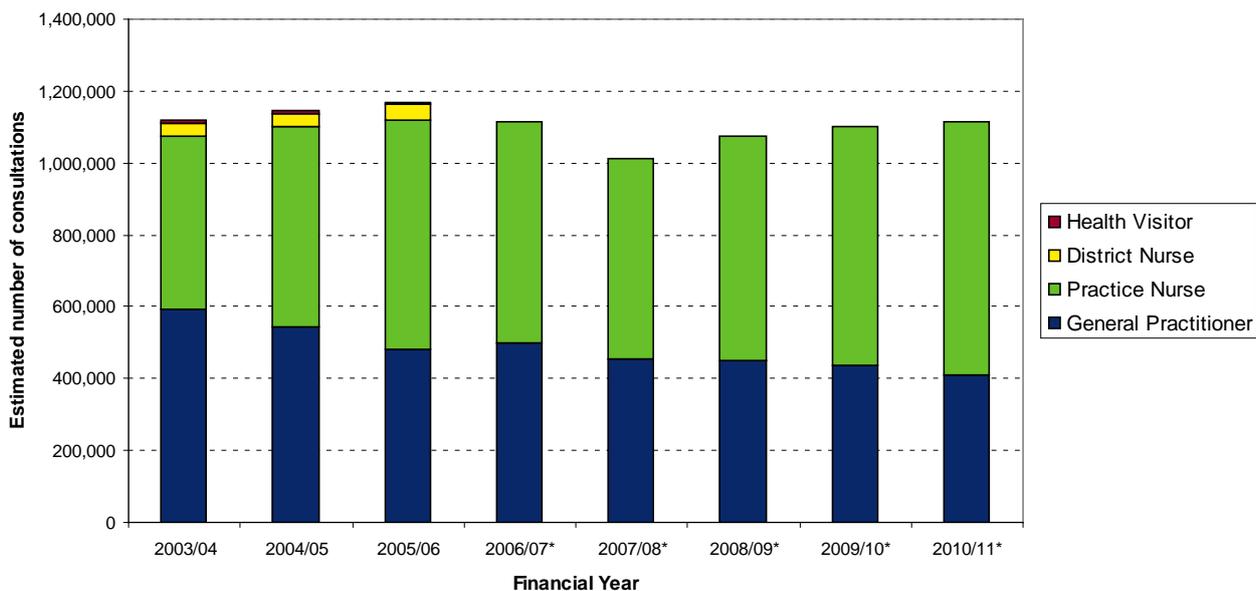


¹ Based on ISD's Read Code Grouping (RCG) 'Hypertension'. Further information on RCGs can be found on the [PTI website](#).

Number of consultations

Figure 35 shows the estimated numbers of consultations in Scotland for hypertension (high blood pressure) for the eight financial years 2003/04 to 2010/11, by staff discipline. These figures are provided in tabular format in an [Excel document](#) (23KB), which includes 95% confidence intervals for all estimates.

Fig 35. Hypertension¹ - estimated number of consultations in Scotland in the financial years 2003/04 to 2010/11; by staff discipline



* Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

¹ Based on ISD's Read Code Grouping (RCG) 'Hypertension'. Further information on RCGs can be found on the [PTI website](#).

The chart shows that more than half of the consultations for hypertension were with practice nurses, in line with the significant contribution of this profession to the management of chronic conditions. The number of GP contacts for hypertension has been fairly stable over the years although there was a dip in 2007/08. The contribution of practice nurses has stayed level if not slightly increased, with the exception of an unexpected dip in 2007/08. This is in line with an overall drop in practice nurse contacts as recorded by PTI in 2007/08. However, the overlap in confidence intervals for these years indicates that the drop was not statistically significant.

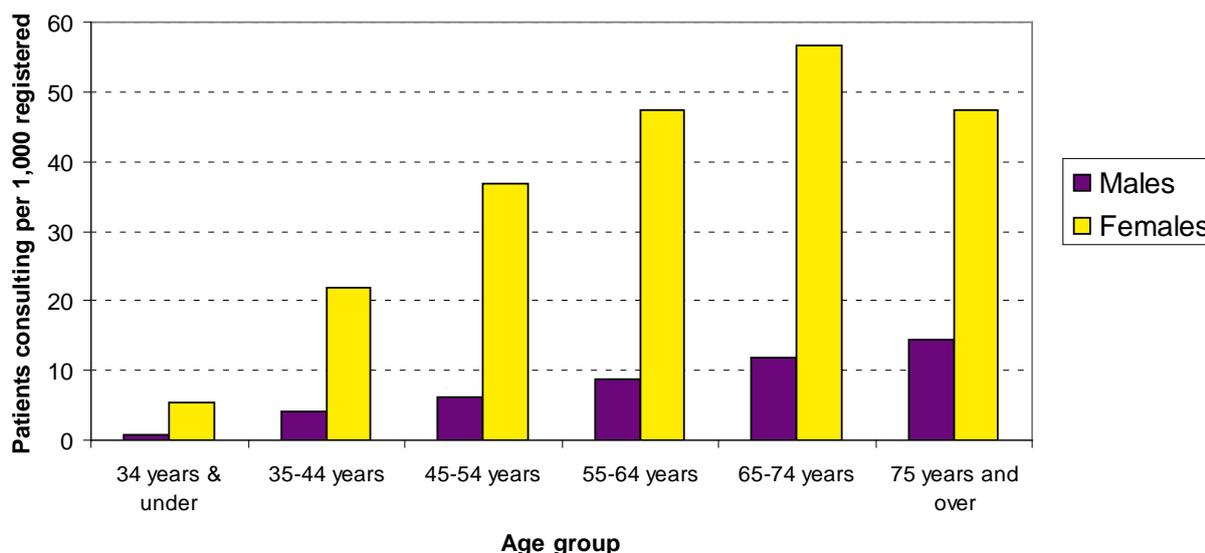
Hypothyroidism

Number of patients consulting

Figure 36 shows the estimated number of patients in Scotland (per 1,000 registered with a practice) who consulted either a GP or practice nurse for hypothyroidism at least once in the year ending 31 March 2011, by gender and age group. The chart shows that a greater proportion of females (compared to males) consulted their GP or practice nurse for hypothyroidism, and that for the most part rates increased with age.

These figures and comparable figures for 2003/04 to 2009/10 are provided in tabular format in an [Excel document](#) (98KB), which also contains 95% confidence intervals for all estimates. The Excel table shows a total estimate of around 83,000 patients seen in the most recent year for hypothyroidism, with a 95% confidence interval between 72,000 and 93,000 patients. Fairly wide confidence intervals reflect limited precision of the estimate, and can be expected when variation between practices is large (in particular for any estimate based on relatively small numbers).

Fig 36. Hypothyroidism¹ - estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group



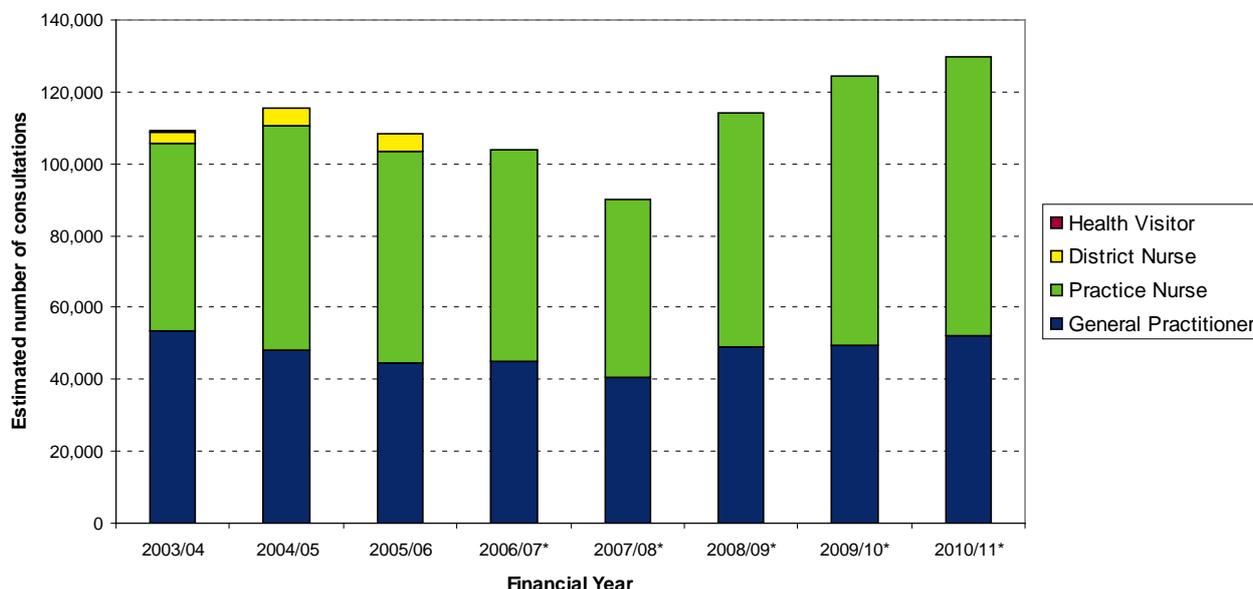
¹ Read codes are specifically selected for analysis of this condition. Please refer to the [PTI team](#) for further clarification.

Number of consultations

Figure 37 shows the estimated numbers of consultations in Scotland for hypothyroidism for the eight financial years 2003/04 to 2010/11, by staff discipline. These figures are provided

in tabular format in an [Excel document](#) (23KB), which includes 95% confidence intervals for all estimates.

Fig 37. Hypothyroidism¹ - estimated number of consultations in Scotland in the financial years 2003/04 to 2010/11; by staff discipline



* Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

¹ Read codes are specifically selected for analysis of this condition. Please refer to the [PTI team](#) for further clarification

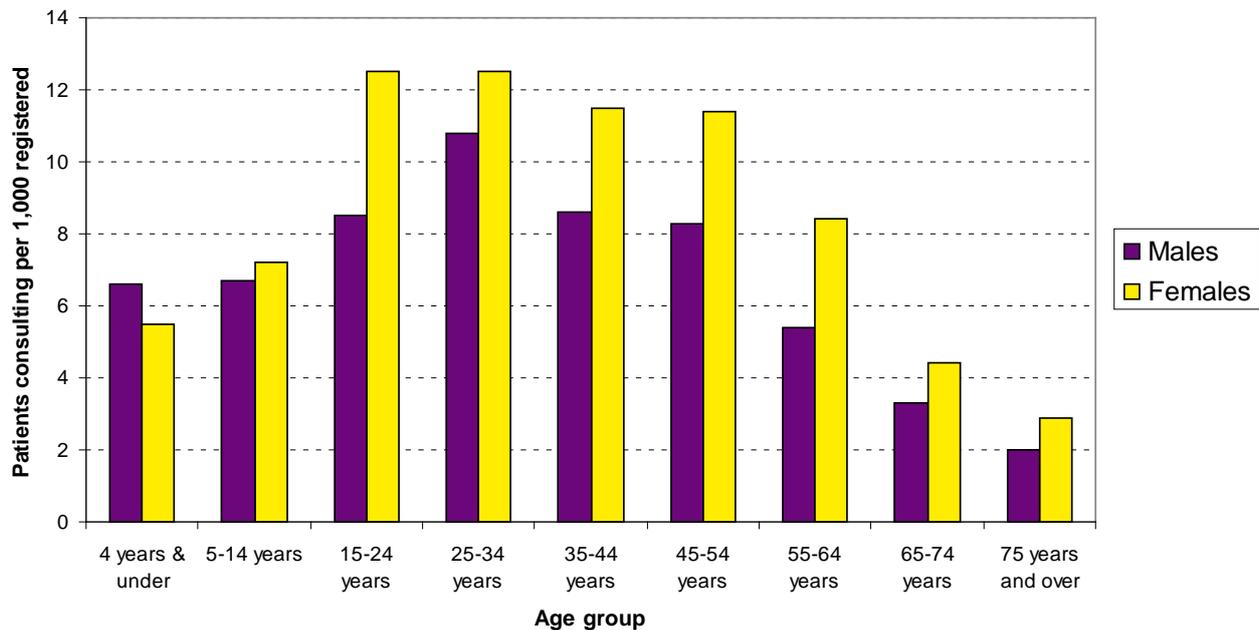
More than half of the consultations were with a practice nurse, reflecting their large involvement in managing chronic conditions. The estimates seemed to decrease from 2004/05 to 2007/08 but increased quite sharply from 2007/08 onwards. The rather large 'dip' in 2007/08, in particular for practice nurses, may relate to some practices shifting to using nurses not employed by the practice but (for example) by NHS Boards. Nurses that are NHS Board employees rather than practice employees typically do not record consultation data for the PTI scheme. This affected PTI data recording especially in 2007/08 and is discussed in more detail on the '[Total Contacts by Staff Discipline](#)' page.

Influenza

Number of patients consulting

Figure 38 shows the estimated number of patients in Scotland (per 1,000 patients registered with a practice) who consulted either a GP or practice-employed nurse for influenza at least once in the year ending 31 March 2011, by gender and age group. In most age categories the rate of patients consulting for influenza was higher in females than in males, except amongst children aged 4 and under. Rates were particularly high in young to middle-aged adults. The confidence intervals for influenza estimates are relatively small compared to some other conditions, which is associated with higher precision of the estimates. These figures and comparable figures for 2003/04 to 2009/10 are provided in tabular format in an [Excel document](#) (113KB), which also contains 95% confidence intervals for all estimates. The Excel table shows a total estimate of around 45,000 patients seen in the most recent year for influenza, with a 95% confidence interval between 38,000 and 52,000 patients.

Fig 38. Influenza¹ - estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group

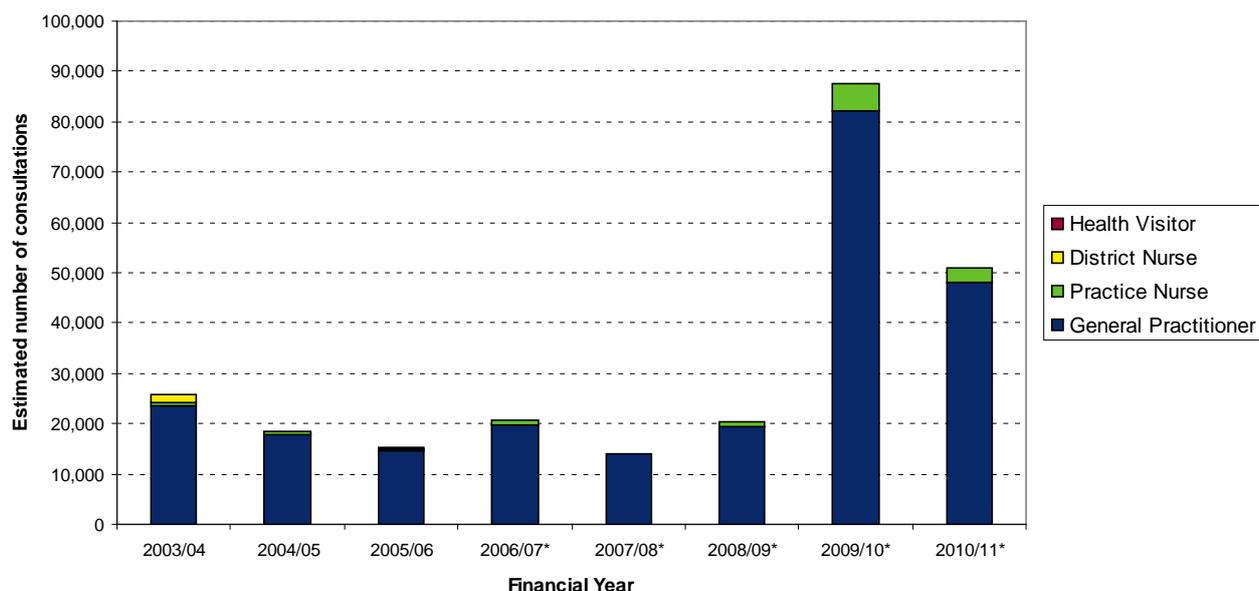


¹ Based on ISD's Read Code Grouping (RCG) 'Influenza'. Further information on RCGs can be found on the [PTI website](#).

Number of consultations

Figure 39 shows the estimated numbers of consultations in Scotland for influenza for the eight financial years 2003/04 to 2010/11, by staff discipline. These figures are provided in tabular format in an [Excel document](#) (23KB), which includes 95% confidence intervals for all estimates.

Fig 39. Influenza¹ - estimated number of consultations in Scotland in the financial years 2003/04 to 2010/11; by staff discipline



* Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

¹ Based on ISD's Read Code Grouping (RCG) 'Influenza'. Further information on RCGs can be found on the [PTI website](#).

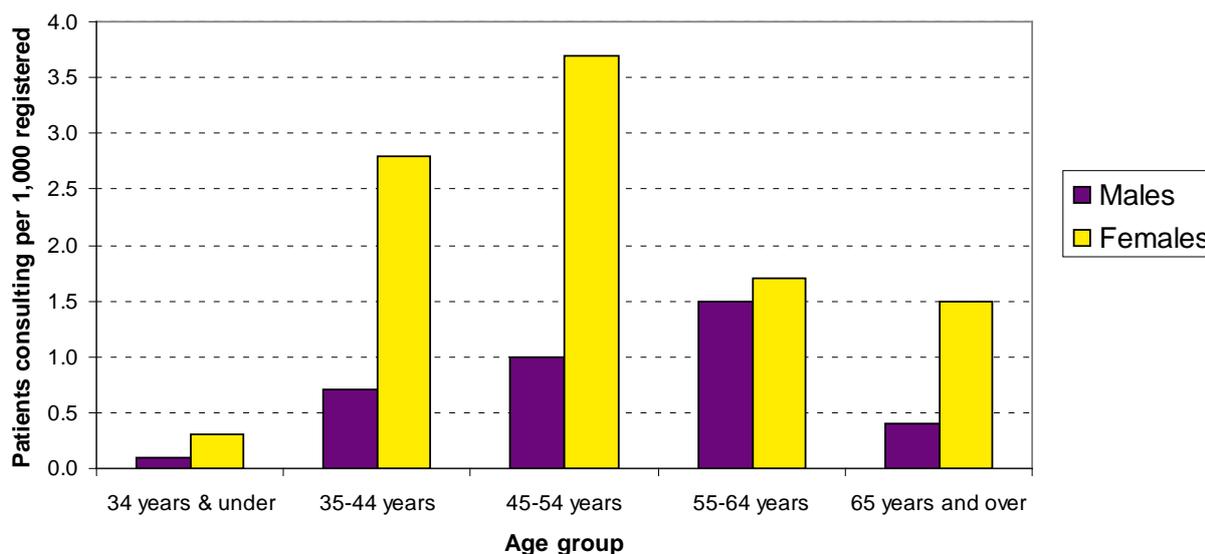
The chart shows that nearly all of the consultations for influenza were with a GP. The number of GP contacts for influenza has been fairly stable over the years 2003/04 to 2008/09 but there was a large rise in 2009/10. This was the year of the pandemic flu outbreak (due to the H1N1 strain of influenza) causing an enormous increase in numbers of contacts for influenza. In the most recent year (2010/11) the number of flu contacts was still substantially higher than in the earliest years.

Multiple Sclerosis

Number of patients consulting

Figure 40 shows the estimated number of patients in Scotland (per 1,000 patients registered with a practice) who consulted either a GP or practice-employed nurse for multiple sclerosis at least once in the year ending 31 March 2011, by gender and age group. These figures and comparable figures for 2003/04 to 2009/10 are provided in tabular format in an [Excel document](#) (91KB), which also contains 95% confidence intervals for all estimates.

Fig 40. Multiple Sclerosis¹ - estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group



¹ Based on ISD's Read Code Grouping (RCG) 'Multiple Sclerosis'. Further information on RCGs can be found on the [PTI website](#).

Multiple sclerosis is a relatively uncommon condition with just an estimated 5,700 patients consulting a GP or practice nurse in Scotland in the most recent year (with a confidence interval between 4,800 and 6,600 patients; see Excel table linked to above). The estimates are based on small numbers of patients, with numbers that can vary substantially between practices, resulting in wide confidence intervals and hence limited precision of the estimates.

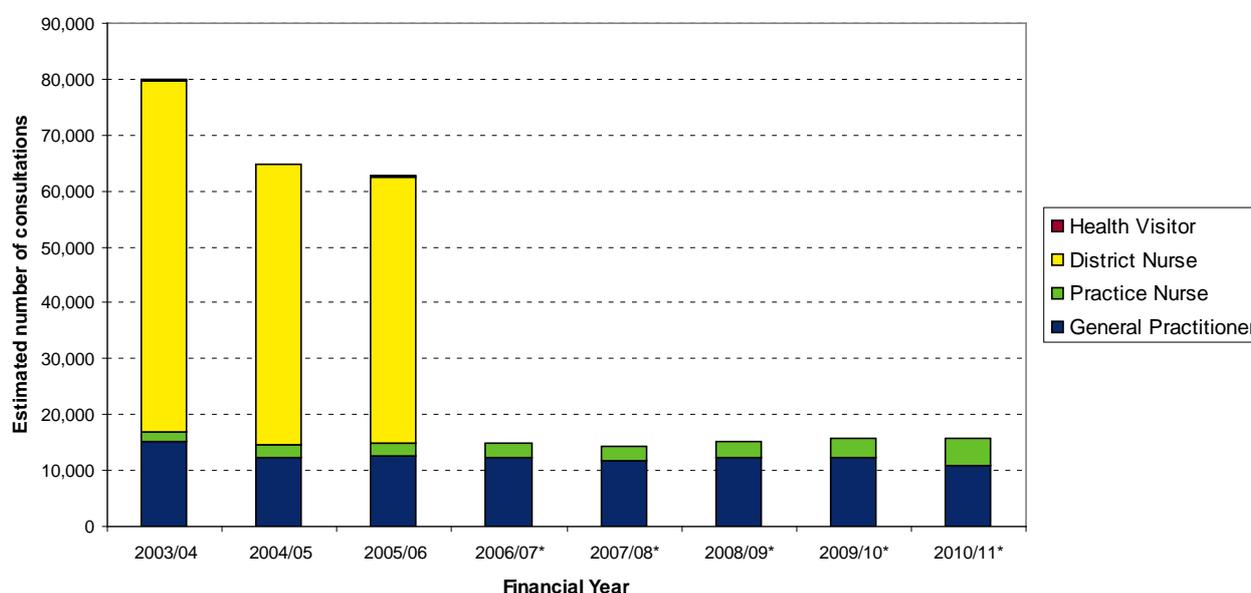
The chart shows that in all age groups the estimated rates of patients in Scotland consulting for Multiple Sclerosis were much higher for females compared to males. The highest number of patients was in the age group of 45 to 54 years of age. It should be noted that a significant amount of care for patients with MS is likely to be provided by health professionals other than GPs or practice nurses, and any patient exclusively cared for by

these other staff would not be included in PTI figures. As multiple sclerosis is often a relapsing and remitting disorder patients may not consult their GP regularly for the condition. For all these reasons the estimated number of patients consulting their GP practice (as shown here) is likely to be much lower than the total number of patients with this condition.

Number of consultations

Figure 41 shows the estimated numbers of consultations in Scotland for multiple sclerosis for the eight financial years 2003/04 to 2010/11, by staff discipline. These figures are provided in tabular format in an [Excel document](#) (23KB), which includes 95% confidence intervals for all estimates.

Fig 41. Multiple sclerosis¹ - estimated number of consultations with a GP or practice-employed nurse in Scotland in the financial years 2003/04 to 2010/11; by staff discipline



* Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

¹ Based on ISD's Read Code Grouping (RCG) 'Multiple sclerosis'. Further information on RCGs can be found on the [PTI website](#).

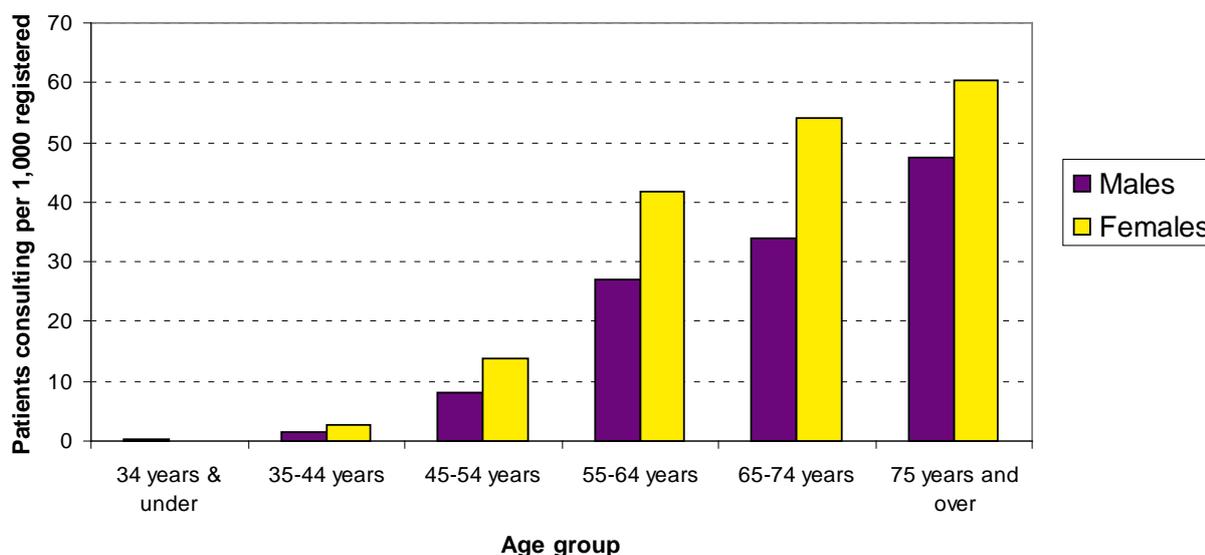
The chart shows that over the eight years the estimated number of contacts with a GP or practice nurse for Multiple Sclerosis has remained quite constant. District nurses appeared to have a large part in the patient care for Multiple Sclerosis patients, as can be seen for the years 2003/04 to 2005/06, when data for this discipline were available through PTI. The involvement of practice nurses, although relatively stable, was much more limited in comparison.

Osteoarthritis

Number of patients consulting

Figure 42 shows the estimated number of patients in Scotland (per 1,000 registered with a practice) who consulted either a GP or practice-employed nurse for osteoarthritis (also commonly known as osteoarthritis) at least once in the year ending 31 March 2011, by gender and age group.

Fig 42. Osteoarthritis¹ - estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group



¹ Based on ISD's Read Code Grouping (RCG) 'Osteoarthritis'. Further information on RCGs can be found on the [PTI website](#).

The chart shows, as expected, that the rate of patients consulting for osteoarthritis increased with age and that in all age groups rates are higher for females than for males.

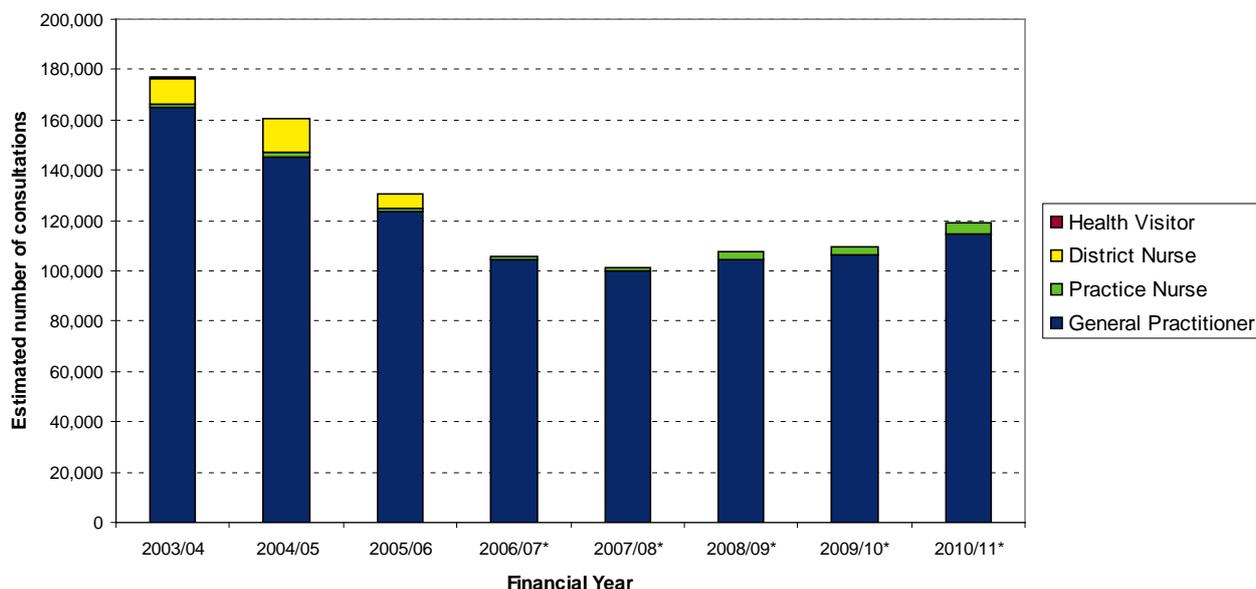
These figures and comparable figures for 2003/04 to 2009/10 are also provided in tabular format in an [Excel document](#) (97KB), which also contains 95% confidence intervals for all estimates. The Excel table shows a total estimate of around 77,000 patients seen in the most recent year for osteoarthritis, with a 95% confidence interval between 69,000 and 85,000 patients. Fairly wide confidence intervals reflect limited precision of the estimate, and can be expected when variation between practices is large (in particular for any estimate based on relatively small numbers).

Number of consultations

Figure 43 shows the estimated numbers of consultations in Scotland for osteoarthritis (also commonly known as osteoarthritis) for the eight financial years 2003/04 to 2010/11, by staff discipline. These figures are provided in tabular format in an [Excel document](#) (23KB), which includes 95% confidence intervals for all estimates.

The chart suggests that the decrease in the estimated annual numbers of contacts for osteoarthritis observed from 2003/04 to 2006/07 has halted and in the most recent years figures have been rising again slightly. The vast majority of the contacts for this condition were with GPs rather than with practice nurses. Based on figures from 2003/04 to 2005/06 it appears that district nurses also have a small but not insignificant share of contacts for this condition (figures are not available for later years).

Fig 43. Osteoarthritis¹ - estimated number of consultations with a GP or practice-employed nurse in Scotland in the financial years 2003/04 to 2010/11; by staff discipline



* Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

¹ Based on ISD's Read Code Grouping (RCG) 'Osteoarthritis'. Further information on RCGs can be found on the [PTI website](#).

Stroke

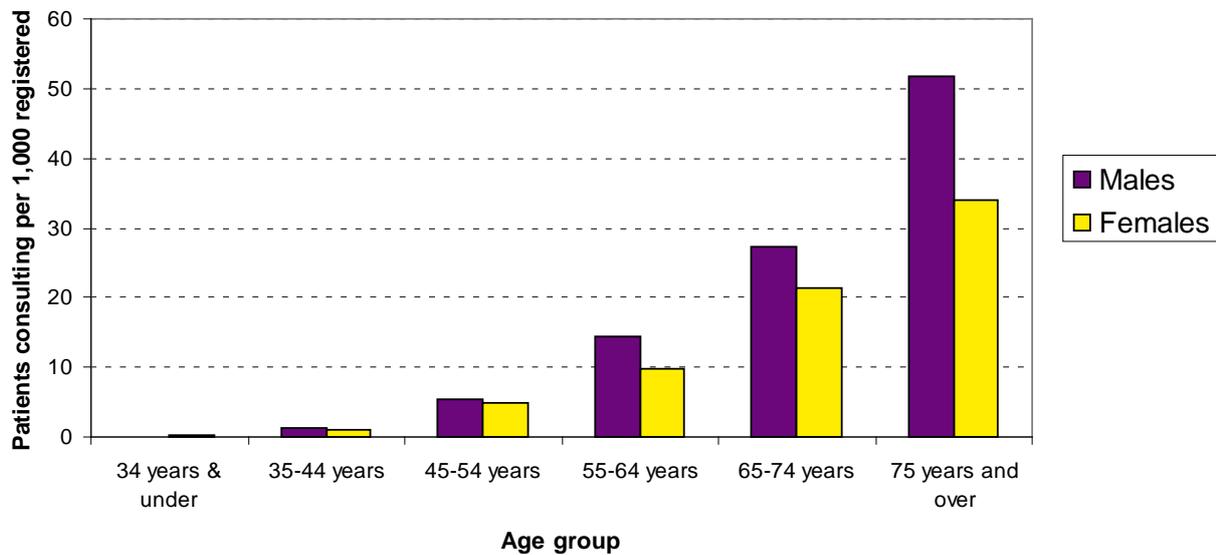
Number of patients consulting

Figure 44 shows the estimated number of patients in Scotland (per 1,000 registered with a practice) who consulted either a GP or practice-employed nurse for stroke (including Transient Ischaemic Attacks or TIAs) at least once in the year ending 31 March 2011, by gender and age group.

The chart shows that the number of patients consulting for stroke/TIA increased with age and in all age groups more males than females (relative to numbers registered) consulted their practice for this condition. In absolute terms, in the oldest age groups (65-74 and 75+) almost as many females consulted for this condition as males, which is due to the longer life expectancy of females and hence the predominance of females within this age group.

These figures and comparable figures for 2003/04 to 2009/10 are provided in tabular format in an [Excel document](#) (97KB), which also contains 95% confidence intervals for all estimates. The Excel table shows a total estimate of over 41,000 patients seen in the most recent year for stroke, with a 95% confidence interval between 35,000 and 46,000 patients. This fairly wide confidence interval reflects the precision of such an estimate, resulting from substantial variation between practices and a relatively small number of cases in the sample.

Fig 44. Stroke¹ - estimated number of patients in Scotland consulting a GP or practice nurse at least once in the financial year 2010/11 per 1,000 patients registered; by gender and age group

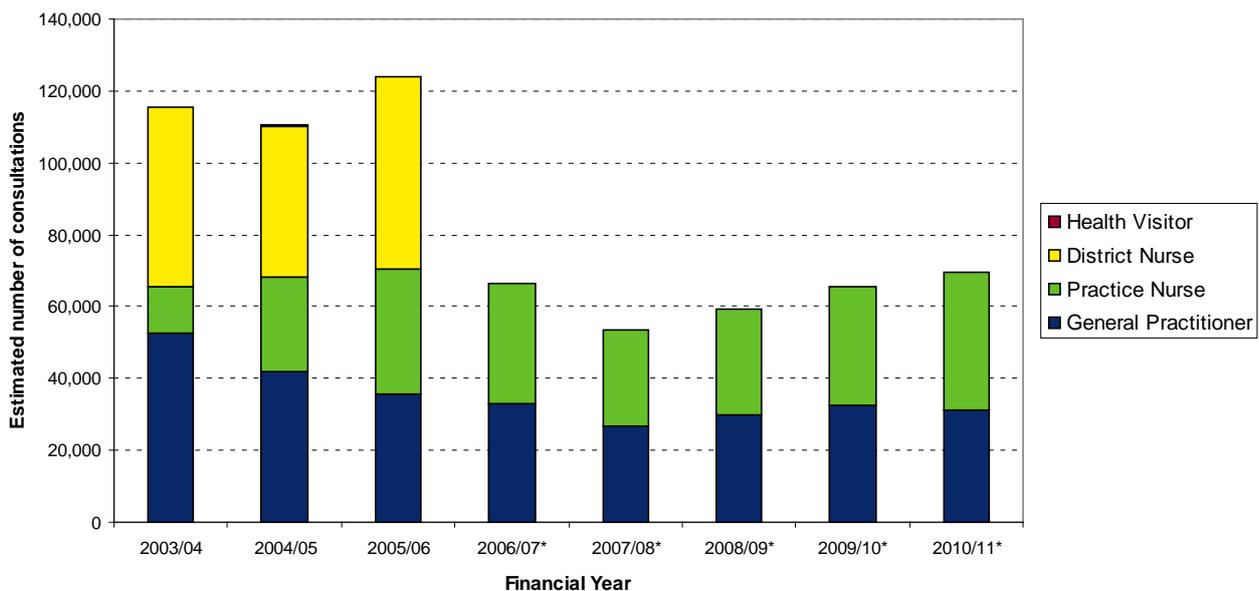


¹ Based on ISD's Read Code Grouping (RCG) 'Stroke' and 'Transient cerebral ischaemic attacks & related syndromes'. Further information on RCGs can be found on the [PTI website](#).

Number of consultations

Figure 45 shows the estimated numbers of consultations in Scotland for stroke (including Transient ischaemic attacks (TIAs)) for the eight financial years 2003/04 to 2010/11, by staff discipline.

Fig 45. Stroke¹ - estimated number of consultations with a GP or practice-employed nurse in Scotland in the financial years 2003/04 to 2010/11; by staff discipline



* Health visitor and district nurse data are not available from the financial year 2006/07 onwards.

¹ Based on ISD's Read Code Grouping (RCG) 'Stroke' and 'Transient cerebral ischaemic attacks & related syndromes'. Further information on RCGs can be found on the [PTI website](#).

These figures are provided in tabular format in an [Excel document](#) (23KB), which includes 95% confidence intervals for all estimates.

The chart shows that the estimated numbers of contacts with a GP for Stroke/TIA, after a decline over the first few years, have become fairly stable. The numbers of practice nurse contacts increased over the first few years but has again become more stable over the following years. In the most recent years the numbers of GP contacts were very similar to the numbers for practice nurses. These changes may be reflective in part of improved quality of coding for stroke around the time that the new GP contract was introduced in April 2004. Based on data for 2003/04 to 2005/06, it appears that district nurses also have a very significant role to play in providing care for stroke/TIA patients.

Glossary

A

Annual contact rate - number of contacts, per 1,000 registered patients, per year
Annual patient rate - number of patients seen at least once during the year, per year

B

BP - Blood pressure

C

CHD - Coronary Heart Disease. PTI analysis of this condition includes angina.
COPD - Chronic Obstructive Pulmonary Disease
CMR - Continuous Morbidity Recording. GP-only data collection from 1998 to March 2003.
Superseded by PTI from April 2003.
CHI - Community Health Index - a unique individual identifier that allows counts of people registered with practices in Scotland.

D

DN - District nurse

G

GP - General medical practitioner

H

Healthcare assistant - staff member assisting with simple clinical duties including but not limited to taking blood samples
HV - Health visitor

I

ISD - Information Services Division of NHS National Services Scotland

M

Modifier - an indicator that was previously added to a Read code, for example to denote whether the contact was for a new occurrence of a condition or a previously existing condition. Due to the PTI dataset review in 2007, this is no longer recorded or used in analysis.

N

nGMS - new General Medical Services (GMS) contract, introduced in 2004.
NEC – Not Elsewhere Classified

P

Phlebotomist - staff member whose primary duty is taking blood samples
PN - Practice nurse; for PTI purposes defined as practice-employed nurses and their clinical assistants (for example, phlebotomists and health care assistants)
PTI - Practice Team Information

Q

QOF - Quality and Outcomes Framework

R

RCG - Read code grouping

S

SMG - Standard Morbidity Grouping. Superseded by RCGs - Read code Groupings

S&S - Symptoms and signs

SIMD - Scottish Index of Multiple Deprivation

Standardisation- a method of adjusting figures to take account of differences in age, gender or other factors when two different populations are being compared

T

TIA - Transient ischaemic attack. PTI analysis of Stroke includes TIAs

List of Tables

Table No.	Name	Time period	File & size
Summary statistics on patient consultations in general practice			
1	Overall patient contacts in Scotland, by staff discipline.	2003/04 to 2010/11	Excel [31kb]
2	Overall patient contacts by practice, by staff discipline.	2003/04 to 2010/11	Excel [158kb]
3	Overall contact rates by gender and age group.	2003/04 to 2010/11	Excel [285kb]
4	Overall contact rates by gender and age group.	2010/11	Excel [40kb]
5	Population Pyramid	2010/11	Excel [38kb]
6	Percentage of practice patients seen, by staff discipline.	2003/04 to 2010/11	Excel [42kb]
7	Top 10 conditions most seen by GPs and practice nurses.	2003/04 to 2010/11	Excel [381kb]
8	Top 10 conditions most seen by GP and PN by age group and gender	2010/11	Excel [161kb]
9	Top 10 activities carried out most by practice nurses.	2003/04 to 2010/11	Excel [313kb]
PTI in relation to Quality & Outcomes Framework (QOF) data			
10	Patient consultations for QOF conditions as proportion of overall contacts.	2010/11	Excel [26kb]
Statistics on patient consultations in general practice for specific health conditions			
11	Angina - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [84kb]
12	Angina - Estimated numbers of consultations, by staff type.	2003/04 to 2010/11	Excel [32kb]
13	Anxiety - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [103kb]
14	Anxiety - Estimated numbers of consultations, by staff type.	2003/04 to 2010/11	Excel [23kb]
15	Asthma - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [115kb]
16	Asthma - Estimated numbers of consultations, by staff type.	2003/04 to 2010/11	Excel [23kb]
17	Back pain - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [116kb]
18	Back pain - Estimated numbers of consultations, by staff type.	2003/04 to 2010/11	Excel [23kb]
19	CHD - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [98kb]

20	CHD - Estimated numbers of consultations, by staff type.	2003/04 to 2010/11	Excel [23kb]
21	COPD - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [98kb]
22	COPD - Estimated numbers of consultations, by staff type	2003/04 to 2010/11	Excel [23kb]
23	Dementia - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [91kb]
24	Dementia - Estimated numbers of consultations, by staff type.	2003/04 to 2010/11	Excel [23kb]
25	Depression - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [109kb]
26	Depression - Estimated numbers of consultations, by staff type.	2003/04 to 2010/11	Excel [23kb]
27	Diabetes - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [109kb]
28	Diabetes - Estimated numbers of consultations, by staff type.	2003/04 to 2010/11	Excel [23kb]
29	Eating Disorders - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [82kb]
30	Eating Disorders - Estimated numbers of consultations, by staff type.	2003/04 to 2010/11	Excel [23kb]
31	Epilepsy - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [112kb]
32	Epilepsy - Estimated numbers of consultations, by staff type.	2003/04 to 2010/11	Excel [23kb]
33	Hypertension - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [105kb]
34	Hypertension - Estimated numbers of consultations, by staff type.	2003/04 to 2010/11	Excel [23kb]
35	Hypothyroidism - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [98kb]
36	Hypothyroidism - Estimated numbers of consultations, by staff type.	2003/04 to 2010/11	Excel [23kb]
37	Influenza - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [113kb]
38	Influenza - Estimated numbers of consultations, by staff type.	2003/04 to 2010/11	Excel [23kb]
39	Multiple Sclerosis - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [91kb]

40	Multiple Sclerosis - Estimated numbers of consultations, by staff type.	2003/04 to 2010/11	Excel [23kb]
41	Osteoarthritis - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [97kb]
42	Osteoarthritis - Estimated numbers of consultations, by staff type.	2003/04 to 2010/11	Excel [23kb]
43	Stroke - Estimated numbers of consultations and patients consulting, by gender and age group.	2003/04 to 2010/11	Excel [97kb]
44	Stroke - Estimated numbers of consultations, by staff type.	2003/04 to 2010/11	Excel [23kb]

Contact

Dr Annemarie van Heelsum

Lead analyst

nss.isdPTIqueries@nhs.net

0131 275 7099

Further Information

Further information can be found on the [ISD website](#)

Appendix

A1 – Background Information

Note of Revisions November 2011

PTI aims to continually improve the interpretation of the data and therefore analysis methods are reviewed and sometimes updated. For the publication of 29 November 2011 the method for dealing with small numbers of people in subcategories within practices has been updated.

Previously, we assumed in our model that each practice could contribute data to each age-gender-deprivation category, regardless of the number of patients this practice had in this category on their list. This meant that in some cases, when there was (for example) just a single patient in the particular age-gender-deprivation category, and this patient was seen for the condition being analysed, the practice would contribute a patient rate of 1.0 (in other words 100% of patients affected). Such a practice could unduly influence the overall estimate with an unrealistically high value. This has a particular impact on estimates for rare conditions.

The new method deals with this differently. For any age-gender-deprivation category within a practice with less than five registered patients figures are merged with the neighbouring deprivation category with the same age and gender. Categories are never merged over age or gender categories. The rate resulting from the merged figures is then used for both of the merged cells.

As before, any age-gender-deprivation class with no registered patients at all is ignored, which effectively means that for this class we assume the population mean.

The new method has been applied to all new and historic data. Because the correction will only make practice contributions lower (more realistic), this has resulted in generally lower estimates. This was particularly apparent for less common conditions or further subdivided information. Top-level estimates of numbers of consultations with GPs dropped only in the region of 1-2% (with practice nurses up to 3%), or by age/gender category anything between 0.2% and 4.4%. Top-level patient estimates for individual conditions could drop a lot more though; for common conditions like these in the top-10 in the region of 6 to 12% but for relatively rare conditions like Multiple Sclerosis, patient estimates dropped by almost 40%.

Because of the methodological changes, figures shown here are not strictly comparable to those published previously. To avoid confusion, estimates published in February 2011 for 2003/04-2009/10 no longer appear on this website and on 29 November 2011 were replaced by the revised data. However, a link to the previous report is available on the [General Practice Publications website](#).

Any revisions applied to previous publications of the PTI website can be found in the '[Note of Revisions](#)' page on the PTI website.

A2 – Publication Metadata (including revisions details)

Metadata Indicator	Description
Publication title	Practice Team Information (PTI) Annual Update (2010/11)
Description	Estimated numbers of patients and consultations with GPs or practice-employed nurses in Scottish General Practices and common reasons for consulting (diagnoses, symptoms, etc) derived from the sample of practices participating in PTI. New figures for 2010/11 and updated figures for the previous six financial years.
Theme	Health and Social Care
Topic	General Practice
Format	Excel workbooks
Data source(s)	Practice Team Information (PTI) data set Community Health Index (CHI); Scottish Index of Multiple Deprivation (SIMD) 2009 version 2
Date that data is acquired	Practice data are submitted monthly and built up incrementally into an annual analysis file. The last backlog data was received in September 2011.
Release date	29 November 2011
Frequency	Annual
Timeframe of data and timeliness	Information on years from 1 April 2003 to 31 March 2011. Publication was 11 months after the last data was collected for 5 years but the time lag was slightly smaller for the previous publication (10 months) and has now decreased to 7 months. The time lag may decrease further over coming years.
Continuity of data	Reports on each year ending 31 st March from 2003/04 onwards.
Revisions statement	These data are not subject to planned major revisions. However, PTI aims to continually improve the interpretation of the data and therefore analysis methods are regularly reviewed and may be updated in the future.
Revisions relevant to this publication	For the publication of 29 November 2011 the method for dealing with small numbers of people in subcategories within practices has been updated and applied to all new and historic data. This has resulted in lower estimates over the board, in particular for less common conditions or further subdivided information. More information can be found in the Note of Revisions (Appendix 1 in this report), which is also available on the website at http://www.isdscotland.org/Health-Topics/General-Practice/PTI-Statistics/Note-Of-Revisions.asp .
Concepts and definitions	See Glossary and footnotes of Excel workbooks for further information.
Relevance and key uses of the statistics	Making information publicly available for planning, provision of services, research.
Accuracy	PTI has no means to test if the clinical codes recorded by the clinicians during the consultations accurately reflect the proceedings of that consultation. However, the fact that

	<p>clinicians are doing their own coding is thought to result in more accurate coding.</p> <p>PTI does monitor data submitted each month and assesses the 'internal' validity of the data by applying simple consistency rules (for example: does every consultation have at least one code that describes a clinical state or 'morbidity' of the patient, which was the reason for the consultation). Practices with large numbers of inconsistencies are followed up and may receive training. Data from practices with very large numbers of inconsistencies would be omitted from the data set.</p>
<p>Completeness</p>	<p>The records submitted to ISD contain ALL clinical codes recorded by participating practices regarding face-to-face consultations. PTI monitors the consistency of numbers of consultations for each clinician submitted on a month-by-month basis, and has a quarterly process of checking the consistency against the number of consultations present in the practice's appointment book. Both under- and over-recording occurs. Most clinicians score within 5% of the expected number, and poorer practice scores are usually due to new staff or particular types of consultations being poorly recorded (e.g. out-of-hours). In these cases training is offered.</p>
<p>Comparability</p>	<p>Comparisons are often made between PTI and QOF. Both are based on extractions from routinely used clinical admin systems in Scottish general practices. However, PTI collects coded information from all consultations in the practices, whereas QOF focuses on the QOF clinical domains only. PTI has limited membership including around 6% of practices in Scotland, all of which are relatively diligent in their clinical coding, whereas QOF collects data from nearly all practices regardless of their coding diligence. Also QOF is first and foremost a payment system and coding guidelines can therefore differ from strictly clinical guidelines. More details on how PTI compares with QOF can be found in the section in this report called 'Comparison of QOF and PTI rates for the QOF clinical domains'.</p> <p>The Primary Care Clinical Informatics Unit (PCCIU) in Aberdeen also extracts information from Scottish GP practices, but only from these on GPASS systems. They do not provide any quality control regarding coding but do send fairly detailed reports on the extracted information back to practices.</p> <p>There are other routine GP extraction systems in the UK but these are primarily English and unlike PTI they are system-specific. For example, GPRD and THIN extract information from InPS-Vision systems for research use, and Qresearch uses EMIS data for medical research. Typically</p>

	the information fed back to practices is limited and there is a variable degree of quality control.
Accessibility	It is the policy of ISD Scotland to make its web sites and products accessible according to published guidelines .
Coherence and clarity	Tables and charts are accessible via the ISD website at: http://www.isdscotland.org/Health-Topics/General-Practice/PTI-Statistics
Value type and unit of measure	Estimated numbers and rates per 1,000 registered patients
Disclosure	The ISD protocol on Statistical Disclosure Protocol is followed.
Official Statistics designation	National Statistics
UK Statistics Authority Assessment	Awaiting assessment by UK Statistics Authority
Last published	22 February 2011
Next published	27 November 2012
Date of first publication	Web publications since 2004.
Help e-mail	nss.isdPTIqueries@nhs.net
Date form completed	November 2011

A3 – Early Access details (including Pre-Release Access)

Pre-Release Access

Under terms of the "Pre-Release Access to Official Statistics (Scotland) Order 2008", ISD are obliged to publish information on those receiving Pre-Release Access ("Pre-Release Access" refers to statistics in their final form prior to publication). The standard maximum Pre-Release Access is five working days. Shown below are details of those receiving standard Pre-Release Access and, separately, those receiving extended Pre-Release Access.

Standard Pre-Release Access:
Scottish Government Health Department
NHS Board Chief Executives
NHS Board Communication leads

Extended Pre-Release Access

Extended Pre-Release Access of 8 working days is given to a small number of named individuals in the Scottish Government Health Department (Analytical Services Division). This Pre-Release Access is for the sole purpose of enabling that department to gain an understanding of the statistics prior to briefing others in Scottish Government (during the period of standard Pre-Release Access).

Scottish Government Health Department (Analytical Services Division)