

Inspection Evidence Table

Yardley Green Medical Centre

(1-569263426)

Inspection Date: 26 November 2023

Date of data download: 28/09/2023

Overall rating: Requires Improvement

The practice has been rated requires improvement overall because we found issues relating to safe care and treatment. Patient feedback indicated further improvements were required to improve the patient experience.

Context

Yardley Green Medical Centre is located in an area with high levels of deprivation. Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the lowest decile (one of 10). The practice population is ethnically diverse, predominantly from White and Asian backgrounds and is younger than the national average. There is a similar ratio of male to female patients.

At the time of the inspection the practice was undergoing refurbishment to create additional clinical rooms and had recently implemented a new telephone system. The main challenges faced by the practice related to health inequalities and issues relating to access.

Safe

Rating: Good

Safety systems and processes

The practice had clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y

There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had named clinical and administrative leads for safeguarding. • There was a safeguarding register in place which was regularly reviewed to ensure it was kept up to date. • Clinical system alerts were used to ensure relevant staff were aware of any safeguarding issues when seeing patients or other members of the household. • Records seen showed that safeguarding children and vulnerable adult training had been completed by all clinical staff to an appropriate level for their roles and by most non-clinical staff. • Safeguarding meetings were held with the health visitor every two months. • Staff had access to safeguarding policies and contact details for relevant agencies involved in investigating safeguarding concerns. There was also a policy for following up children who did not attend appointments. However, we did note that links in the safeguarding policy needed to be updated to ensure they were current. • Staff who acted as chaperones received relevant training and underwent DBS checks. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current UK Health and Security Agency (UKHSA) guidance if relevant to role.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We reviewed the recruitment files of 3 staff that had commenced employment at the practice within the last 12 months. These related to 2 clinical and 1 non-clinical member of staff. All had received appropriate recruitment checks prior to their employment. • Information seen also showed that staff vaccination records had been maintained in line with guidance. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
Date of last assessment:	Y
There was a fire procedure.	Y

Date of fire risk assessment:	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice was currently undergoing refurbishment to create additional clinical rooms and hub room for community and other use. In line with the refurbishment the practice had been updating their health and safety risk assessments. We saw that the practice had carried out health and safety risk assessments in July 2023 and October 2023. We followed up on an action identified and saw that it had been completed. Records seen showed that clinical equipment had undergone calibration and portable appliance safety checks within the last 12 months to ensure they were in good working order and fit for use. Records seen showed fire equipment was maintained. Fire alarms were tested on a weekly basis and fire evacuation procedures were displayed. A fire drill had been carried out within the last six months so that staff would know what to do in the event of a fire. The practice had nominated fire wardens and training records showed staff had completed fire safety training. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Staff had received effective training on infection prevention and control.	Y
Infection prevention and control audits were carried out.	Y
Date of last infection prevention and control audit:	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We observed the premises to be clean and tidy during our site visit. Cleaning was carried out by an external provider who maintained schedules of cleaning. Staff were responsible for maintaining the cleanliness of their own workspace and equipment and had access to wipes for this. The practice had an infection control lead who was responsible for maintaining infection prevention and control (IPC) policies and undertaking the IPC audits. The latest IPC audits had identified actions which were being addressed through the current refurbishment of the practice, for example, replacement of carpeted areas with hard flooring that was easier to clean. We saw evidence of appropriate arrangements in place for the removal of clinical waste. Staff also shared with us the arrangements for the safe handling of clinical specimens. 	

Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
The practice was equipped to respond to medical emergencies (including suspected sepsis) and staff were suitably trained in emergency procedures.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There were enough staff to provide appointments and prevent staff from working excessive hours.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Staff we spoke with advised that workloads were manageable and that the practice team had increased from 19 to 37 since the pandemic, with an increased staff skill mix. Data from the practice also showed an increase in the number of appointments over the last three years.• Refurbishment of the premises was creating 7 additional clinical rooms which would enable them to see more patients.• We saw that new staff received induction training and that there was a locum pack to support staff working at the practice on a temporary basis.• The practice had recently held a basic life support training event for all staff to attend. Training records also showed that all staff had completed sepsis awareness training.• All staff we spoke with were aware of the emergency equipment and where to find it when needed.	

Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment.

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Partial
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referrals to specialist services were documented, contained the required information and there was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
There was appropriate clinical oversight of test results, including when reviewed by non-clinical staff.	Y

Explanation of any answers and additional evidence:

- Review of patient records in relation to the clinical searches identified that care records were managed in a way to protect patients. Although medicines reviews seen did not always provide detailed evidence that all medicines were reviewed.
- There was a nominated member of staff responsible for summarising new patient notes.
- Test results were managed by clinical staff.

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation.

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	1.19	0.93	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2022 to 30/06/2023) (NHSBSA)	7.1%	7.1%	7.8%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/01/2023 to 30/06/2023) (NHSBSA)	5.29	5.18	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	174.0‰	116.2‰	129.6‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2022 to 30/06/2023) (NHSBSA)	1.05	0.56	0.54	Tending towards variation (negative)
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	6.6‰	7.9‰	6.8‰	No statistical variation

Note: ‰ means *per 1,000* and it is **not** a percentage.

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y

Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including medicines that require monitoring (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing. 2	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England and Improvement Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with UKHSA guidance to ensure they remained safe and effective.	Y
<p>Explanation of any answers and additional evidence, including from clinical searches.</p> <ul style="list-style-type: none"> We saw arrangements in place for the safe management of medicines and prescription stationery held on site. The practice had a higher than local and national average prescribing rate for hypnotics however prescribing data showed positive trends. Staff were able to describe action they were taking to reduce prescribing with hypnotics and other drugs that may result in dependency. We saw examples of medicines audits including antibiotic and hypnotic prescribing audits that had been undertaken. The practice employed 6 non-medical prescribers. The practice had a lead GP who was responsible for auditing a sample of their records on a monthly basis. <p>During the inspection we undertook clinical searches and reviewed a sample of clinical records in relation to the management of medicines:</p> <ul style="list-style-type: none"> We reviewed a sample of 5 medicine reviews that had been undertaken in the last 3 months. All the patients were on multiple medicines. However, it was not clear from the narrative that all medicines had been reviewed. 	

- The clinical searches identified 37 patients on Disease Modifying Antirheumatic Drugs (DMARDs) used to treat inflammatory conditions such as rheumatoid arthritis. DMARDs require routine monitoring due to the risk of adverse side effects. All 37 patients were up to date with their monitoring.
- We reviewed patients on various high-risk medicines that also require routine monitoring due to the risk of adverse side effects. Our searches of patients on potassium sparing diuretics (typically used in the treatment of high blood pressure and heart conditions) and metformin (used to treat diabetes) had all received appropriate monitoring. Our searches identified 4 patients on Direct Oral Anticoagulants (medicines used to thin the blood) out of 146 patients whose monitoring had been completed but the creatinine clearance had not been calculated. Information shared by the practice showed creatine clearance had been undertaken although was overdue in 3 of the cases.
- Our searches found all patients over 70 years on medicines that can cause gastrointestinal bleeding had been appropriately prescribed a medicine to protect the gastrointestinal system.
- Our searches found patients with atrial fibrillation were receiving anticoagulation therapy.

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	9
Number of events that required action:	9
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff we spoke with were aware of the system for recording and reporting incidents that occurred. • Incidents were discussed at practice meetings and any learning shared with staff. 	

Example(s) of significant events recorded and actions by the practice.

Event	Specific action taken
Ambulance called for a patient but there was no one who knew about the patient to provide hand over to the paramedics.	The incident was investigated to identify what had happened and minimise the risk of this happening again.
Needlestick injury	Process following a needlestick injury was followed and discussed. Incident discussed in staff meeting to minimise the risk of a similar incident.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The system for managing safety alerts was unclear, there were several members of staff involved in the process and no clear system for logging alerts received and recording action taken, which could result in alerts being missed. Our clinical searches undertaken found appropriate action had been undertaken in response to an alert relating to a medicine that can cause adverse effects to unborn babies, if taken during pregnancy. We also reviewed patients on a medicines that can increase the risk of skin cancer and found 1 out of the 4 patients had not been advised of the risks. 	

Effective

Rating: Requires Improvement

We rated the practice requires improvement for providing effective services because uptake of child immunisations and cervical screening programmes was significantly lower than national targets and lack of clear actions to address. There was also a lack of follow up in line with guidance for patients with potentially poorly controlled asthma requiring steroids.

QOF requirements were modified by NHS England and Improvement for 2020/21 to recognise the need to reprioritise aspects of care which were not directly related to COVID-19. This meant that QOF payments were calculated differently. For inspections carried out from 1 October 2021, our reports will not include QOF indicators. In determining judgements in relation to effective care, we have considered other evidence as set out below.

Effective needs assessment, care and treatment

Patients' needs were in most cases assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
Patients presenting with symptoms which could indicate serious illness were followed up in a timely and appropriate way.	Partial
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y

There were appropriate referral pathways to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
The practice had prioritised care for their most clinically vulnerable patients during the pandemic.	Y
The practice prioritised care for their most clinically vulnerable patients.	Y
<p>Explanation of any answers and additional evidence:</p> <p>As part of our inspection we undertook a range of clinical searches and reviews of records to look at the management of medicines and long term conditions.</p> <ul style="list-style-type: none"> • Our clinical searches and reviews of records showed that patients medicines in most cases were being appropriately managed. • Our clinical searches and records review showed that patients with long term conditions were in most cases receiving appropriate follow up. For example: Patients with the potential for developing diabetes were appropriately coded, so that they could receive support to help minimise the risk of diabetes. • Our searches found 90 out of 962 patients with diabetes, whose blood tests and eye condition indicated poorly controlled diabetes. We reviewed five of the patients and found these patients were being appropriately followed up. • Our searches found 10 patients out of 305 patients with hypothyroidism that had not had the necessary blood test to monitor the condition, we reviewed the records for 5 of the patients. Three of which were followed up by the hospital and the remaining 2 the provider had unsuccessfully tried to contact. • We found 3 patients with later stage Chronic Kidney Disease (CKD). One of which had not received appropriate monitoring. The practice advised that they had struggled to contact this patient. • However, we also identified 93 patients out of 1274 with asthma that had received two or more steroids in the last 12 months (an indication of poor asthma control) and reviewed the records for five of the patients. Although we saw that appropriate assessment was undertaken at the time of prescribing, we found that these patients were not always receiving follow up after one week or a steroid card in line with guidance. 	

Effective care for the practice population

Findings

- Staff advised that they had focussed on the severely frail for assessments in the older patient group.
- Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.
- The practice advised that they received notifications of eligible patients to have the meningitis vaccine, for example before attending university for the first time which they would try to follow up.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified. The practice advised that they had carried out 1344 health checks since April 2021.
- Patients with a learning disability were also offered an annual health check.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. One of the clinical staff took the lead on end of life care, they provided regular contact and worked closely with the district nurses to try and pre-empt any needs.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice referred people who misused substances to locally provided services.
- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- Patients with long-term conditions were generally well managed and offered an effective annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- The practice did not offer ambulatory blood pressure monitoring but could refer patients to the local pharmacist who provided this service.
- Patients with COPD were offered rescue packs if they were able to demonstrate understanding of their appropriate use.
- However, our review of patients requiring high dose steroid treatment for asthma found patients were not always followed up in a timely way after receiving steroids. The practice was also unable to demonstrate how it followed up those patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma. However, the practice was able to tell us about work they were doing in conjunction with the council for patients with damp housing issues which impact on asthma.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) ((i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	128	141	90.8%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	96	126	76.2%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e.	96	126	76.2%	Below 80% uptake

received Hib/MenC booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)				
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	90	126	71.4%	Below 80% uptake
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	86	164	52.4%	Below 80% uptake

Note: Please refer to the CQC guidance on Childhood Immunisation data for more information: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Any additional evidence or comments

- The practice had met the minimum 90% uptake target for child immunisation given at age 1.
- The 4 remaining child immunisation indicators did not meet the 95% WHO or 90% minimum uptake. Trend data showed uptake in these 4 indicators was below pre pandemic levels.
- Practice staff advised that they were trying to improve and get children back who had missed their preschool boosters. Those that didn't attend appointments were followed up on the day to try and rebook.

Cancer Indicators	Practice	SICBL average	England	England comparison
Persons, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	41.9%	N/A	62.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2021 to 31/03/2022) (UKHSA)	51%	N/A	70.3%	N/A
The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for persons aged 25 to 49, and within 5.5 years for persons aged 50 to 64). (3/31/2023 to 3/31/2023) (UKHSA)	61.7%	N/A	80.0%	Below 70% uptake
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (4/1/2021 to 3/31/2022) (UKHSA)	48.4%	53.2%	54.9%	No statistical variation

Any additional evidence or comments

- The practice cancer screening rates were below national averages for cervical, breast and bowel screening.

- Trends in cervical cancer screening uptake at the practice had dropped during the pandemic but were back to pre-pandemic levels. The practice was working with other practices within their primary care network on a local quality improvement initiative to try and increase uptake. An audit had been undertaken to identify the reasons patients did not attend.
- Information provided by the practice following the inspection showed evidence of additional GP led clinics during September 2022 and March 2023 for cervical screening and information how the practice planned to improve uptake.

Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a programme of targeted quality improvement and used information about care and treatment to make improvements.	Y
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <p>The practice shared with us some of the clinical audits and quality improvement initiatives they were involved in. These included:</p> <ul style="list-style-type: none"> • A two-cycle audit reviewing the safe prescribing against national standards of topical corticosteroids used to treat skin conditions. The first audit cycle was undertaken April to September 2022 and the second cycle between October 2022 and April 2023. Improvements in prescribing were noted with clear diagnosis for use and information how to use. • A two-cycle audit of hypnotic and anxiolytic medicines which compared practice prescribing against the National Institute for Health and Care Excellence (NICE) guidance. The first cycle was undertaken in 2021/2022 and repeated in 2022/23. Results showed an improvement in the numbers of medication reviews and a reduction in prescribing. • The practice had also carried out a minor surgery audit which looked at complications following minor surgery between 2022/23. No complications were identified. 	

Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y

Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff told us that the practice was supportive of their ongoing training and development. • Clinical staff told us that they received protected time for continuing professional development. We saw training records which showed staff kept up to date in training specific to their roles and responsibilities. • The practice identified areas of mandatory training for staff. Our review of training records showed there was good uptake of this training. • We saw examples of appraisals and induction training for staff where they could discuss their learning and development needs. • The practice employed a range of clinical staff in advanced roles including clinical pharmacists and advanced nurse practitioners. There was a lead GP who undertook monthly reviews of their work and provided feedback for any areas of improvement. Staff in these roles also had access to a clinician on a daily basis to provide ongoing support. 	

Coordinating care and treatment

Staff worked together and with other organisations to deliver effective care and treatment.

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice held palliative care multidisciplinary team meetings and safeguarding meetings every two months to discuss and support the needs of some of the practices most vulnerable patients. Minutes of meetings seen confirmed this.</p>	

Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Patients had access to appropriate health assessments and checks.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice provided or sign posted patients to services to support them in leading healthier lifestyles. For example, pre-diabetes education programmes.• Social prescribing initiatives hosted by the practice provided patients with access to various wellbeing activities including exercise and healthy eating.• The practice offered NHS health checks and smoking cessation support.• The practice provided sexual health and contraceptive services for their own and other practices in the area.	

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) decisions were made in line with relevant legislation and were appropriate. 1	Y
Explanation of any answers and additional evidence <ul style="list-style-type: none">• As part of our clinical reviews we reviewed 3 DNACPR records these showed where possible patients views had been sought and respected. A copy of the DNACPR was held in the patients home and on the patient's records for when needed.	

- We reviewed a sample of consent forms for minor surgery which showed that risks had been discussed with the patient before undertaking a procedure.

Caring

Rating: Requires Improvement

We rated the practice requires improvement for providing caring services. Results from the GP national patient survey showed scores below local and national averages. There was a low number of carers identified.

Kindness, respect and compassion

Feedback from patients was mixed about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Staff displayed understanding and a non-judgemental attitude towards patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There was mixed feedback in relation to patient feedback about how they were treated. For example, results from the latest GP national patient survey published in July 2023 were below local and national averages for questions relating to the patient experience. However, patient feedback from the Friends and Family test (FFT) and comments posted online were generally positive about the staff. • Results from the friends and family test between June to September 2023 showed 90% (298 out of 330) patients rated their experience of the service as good or very good. • Staff received equality and diversity training as part of the practice's mandatory training. 	

Patient feedback	
Source	Feedback
Interviews with patients	We spoke with 2 patients during our visit to the practice both were positive about the staff.
NHS Website	There were 7 reviews were posted in the last 12 months. These were a mixture of positive and negative. Staff were generally described as kind and nice, caring and understanding. Negative comments were about access and lack of receptionist staff.
Healthwatch	The practice had a 2.5 out of 5 star rating based on 27 reviews. There were 13 reviews made in the last 12 months, patients were happy with the staff and negative comments were mainly about access and the availability of face to face appointments.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2023 to 30/04/2023)	67.6%	81.1%	85.0%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2023 to 30/04/2023)	71.6%	79.3%	83.8%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)	84.7%	90.3%	93.0%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2023 to 30/04/2023)	58.1%	65.2%	71.3%	No statistical variation

Any additional evidence or comments

The practice had pulled together an action plan, they were surprised by the results and felt this may be to do with language barriers and when trying to change prescribing habits. They advised that they were trying to obtain a greater understanding through feedback from the friends and family test.

	Y/N
The practice carries out its own patient survey/patient feedback exercises.	N

Any additional evidence

The practice generally relied on the friends and family test for feedback on the service. Patients were encouraged to complete this.

Involvement in decisions about care and treatment

Patient vies were mixed with regard to their involvement in decisions about care and treatment.

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> Practice staff advised that any special needs patients were recorded on the clinical system so that they could be accommodated. The practice had a diverse practice population in which various languages were spoken and advised that among the workforce there were multilingual staff. They also used translation services when needed. 	

Source	Feedback
Interviews with patients.	Patients we spoke with did not raise any concerns in relation to their involvement in decisions about their care and treatment

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2023 to 30/04/2023)	79.1%	87.3%	90.3%	Tending towards variation (negative)
Any additional evidence or comments				
Results from the GP national patient survey had been reflected on as part of their action plan.				

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> We saw information available in various languages in relation to the availability of chaperones. 	

Carers	Narrative
Percentage and number of carers identified.	103 (approximately 1% for the practice list size)

How the practice supported carers (including young carers).	Practice staff told us that they prioritised carers for vaccination and appointments. They would also signpost to local voluntary organisations.
How the practice supported recently bereaved patients.	The practice had a palliative care lead who maintained contact with patients and their families. The practice website had links to bereavement support organisations.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff we spoke with told us how they would respect patients' privacy and dignity during examinations. Privacy curtains were available in the clinical rooms. 	

Responsive

Rating: Requires Improvement

We rated the practice requires improvement for providing responsive services. Results from the GP national patient survey showed scores below local and national averages.

We recognise the pressure that practices are currently working under and the efforts staff are making to maintain levels of access for their patients. At the same time, our strategy makes a commitment to deliver regulation driven by people's needs and experiences of care. Although we saw the practice was attempting to improve access, this was not yet reflected in the GP patient survey data. Therefore, the rating is requires improvement, as ratings depend on evidence of impact and must reflect the lived experience that people were reporting at the time of inspection.

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The practice understood the needs of its local population and had developed services in response to those needs.	Y
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y

The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
There were arrangements in place for people who need translation services.	Y
The practice complied with the Accessible Information Standard.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At time of the inspection, the practice was going through a programme of refurbishment, this would provide them with additional clinical rooms and a hub room so they could host social events to support patient wellbeing. Further to this, there had been an increase in staffing and skill mix since the pandemic to support patients' needs. The practice had a good working relationship with their primary care network. There was a strong focus on tackling health inequalities. The practice hosted various social prescribing schemes, for example, the grounds were used to help patients learn to ride a bike and increase exercise. They had also acquired some land behind the premises. In conjunction with a neighbouring practice, there were plans to develop the land to improve wellbeing in the locality where there was limited green space. The practice was also working with Birmingham City Council on a pilot project in relation to housing where there was recognition of a link between damp and overcrowded housing in the locality and asthma. The practice advised that there had been 63 patients booked into the scheme. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am – 6.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm (from 1pm telephones are covered by an external provider)
Thursday	8.30am – 6.30pm (from 1pm telephones are covered by an external provider)
Friday	8.30am – 6.30pm
Appointments available:	
Monday	GP appointments are typically between 9am to 12pm and 2pm to 5.30pm Duty GP 9am to 6.30pm Nurse appointments 8.30am to 6.30pm
Tuesday	As above
Wednesday	As above
Thursday	As above
Friday	As above

Further information about how the practice is responding to the needs of their population

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- Nurse appointments were available until 6.30pm Monday to Friday so school age children did not need to miss school.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. Those under the age of 5 years were prioritised.
- The practice was open until 8pm on a Thursday evening and 10am to 2pm on a Saturday for extended access.
- The practice held registers of patients living in vulnerable circumstances such as those with a learning disability.
- There was a dedicated practice for asylum seekers within the primary care network that the practice could signpost patients to.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and travellers.

Access to the service

The practice was making positive progress to support people to access care and treatment in a timely way but this had not yet impacted on patient satisfaction data.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimise the length of time people waited for care, treatment or advice.	Partial
The practice offered a range of appointment types to suit different needs (e.g. face to face, telephone, online).	Y
Patients were able to make appointments in a way which met their needs.	Partial
There were systems in place to support patients who face communication barriers to access treatment (including those who might be digitally excluded).	Y
Patients with most urgent needs had their care and treatment prioritised.	Y
There was information available for patients to support them to understand how to access services (including on websites and telephone messages).	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Trends in the GP National Patient Survey have shown little improvement over the last five years in relation to questions about access. However: • The practice told us that they had been tied into a telephone contract where there had been difficulties with patients being cut off while waiting in the queue. As a result of patient feedback they had bought out of the contract and implemented a new telephone system in September 2023 which enabled them to monitor calls and have more lines available. • Patients were able to access appointments on-line, by telephone or in person. 	

- The practice offered on the day and prebookable appointments up to 6 weeks in advance. Data from the practice showed that in the last year 57% of appointments were on the day and 43% pre-booked. Of all appointments 82% were face to face and 18% telephone.
- The practice operated a triage system once all appointments for the day had been filled. The duty doctor assessed the requests to see if they needed to be seen.
- The practice offered extended access appointments on a Thursday evening until 6.30pm to 8pm and on a Saturday 10am to 2pm.

National GP Patient Survey results

Note: From July 2022, CCGs have been replaced with Sub Integrated Care Board Locations (SICBL) and CCG ODS codes have been retained as part of this.

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2023 to 30/04/2023)	17.3%	N/A	49.6%	Significant variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2023 to 30/04/2023)	34.2%	46.7%	54.4%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2023 to 30/04/2023)	46.2%	47.4%	52.8%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2023 to 30/04/2023)	55.4%	68.3%	72.0%	Tending towards variation (negative)

Any additional evidence or comments

- Since implementing a new telephone system on the 7 September 2023 the practice had been able to monitor calls. Between 7 September 2023 and 22 October 2023 the average call waiting time was just under 5 minutes, with 85% calls answered.
- The practice was able to demonstrate an increase in the number of appointments offered over time. For example, between October 2020 and October 2021 the practice had offered 64,671 appointments equating 5,705 appointments per thousand patients. Between October 2021 to October 2022 the practice had offered 65,596 appointments equating 5,787 appointments per thousand patients and between October 2022 to October 2023 the practice had offered 85,625 appointments equating 7,554 appointments per thousand patients. 70,478 appointments were face to face. 48,614 were with a GP. 48,704 were the same day appointments.
- The practice had taken other measures to improve appointment uptake including an increase in staffing from 19 to 37 over the last two years, increasing the skill mix and availability of a wider range of appointments, increased use of alternative services such as community pharmacy for minor illnesses

and social prescribing. In addition, the refurbishment was providing opportunities to expand the services available for their patients.

Source	Feedback
NHS.uk website (formerly NHS Choices)	There were 7 reviews on the NHS website made in the last 12 months. These were a mix of positive and negative reviews. Negative comments mostly related to access.

Listening and learning from concerns and complaints

Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	35
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	0
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
A new patient had moved to the practice however, they were having issues with their prescriptions.	An appointment was made with one of the GPs who resolved the issue.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels.

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Leaders were very aware of the challenges faced relating to health inequalities in the practice population and the challenges relating to access. They had taken actions to try and address these issues through expansion of the premises, increased staffing levels, engagement with social wellbeing schemes and their primary care network to meet the needs of their locality, and implementation of a new telephone system that enabled them to monitor access more closely.• There was an inclusive leadership style where team leaders were encouraged to manage any issues arising within their teams.	

Vision and strategy

The practice had a clear vision and credible strategy to provide high quality sustainable care.

	Y/N/Partial
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice had a Business development plan that had set out the practice strategy over 5 years, this set out short medium and long term goals and we saw that progress was being made for example, with the refurbishment and development of a community hub.• Staff we spoke with were aware of the vision and values of the practice.	

Culture

The practice had a culture which drove high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
When people were affected by things that went wrong, they were given an apology and informed of any resulting action.	Y
The practice encouraged candour, openness and honesty.	Y
The practice had access to a Freedom to Speak Up Guardian.	Y
Staff had undertaken equality and diversity training.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Staff we spoke with were very positive about the culture of the practice and found leaders approachable. They felt able to raise concerns with them. • The practice had a whistleblowing policy and procedure in place and a freedom to speak up guardian within the primary care network. • Staff were aware of the requirements of the duty of candour and gave an example, where they had apologised when things had gone wrong. • Training records showed most staff had completed equality and diversity training. 	

Examples of feedback from staff or other evidence about working at the practice

Source	Feedback
Interviews with staff	Staff described the practice as open and supportive.

Governance arrangements

There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There leadership was centralised around the management and partners. 	

- While staff told us that weekly management and clinical meetings occurred frequently, this did not match the minutes that were made available to us. Admin staff told us that they had informal ‘huddle’ meetings where information was shared with them. We were advised that the building work had impacted on the ability to hold meetings.
- Staff we spoke with felt their roles and responsibilities were clear. Policies and procedures were available to staff on their computers and as hard copies to support them when needed. Although these had all been regularly reviewed we found some information within the policies that needed updating.

Managing risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice undertook a range of risk assessments, for example, in relation health and safety, fire safety, equipment calibration and infection control. These were carried out to ensure risks were identified, managed and improvements made to mitigate the level of risk. • We saw evidence of clinical audits and quality improvement initiatives in place to monitor and improve the service. • Service developments within the practice had been considered with the purpose of improving the service patients received. • The practice had business continuity plan in place to support staff in the event of a disruption to the service and staff had been trained how to respond to medical emergencies. 	

Appropriate and accurate information

There was a demonstrated commitment to using data and information proactively to drive and support decision making.

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y

Explanation of any answers and additional evidence:

- The practice had recognised that access had been an issue, the new telephone system had provided the practice with live data enabling it to monitor progress in improving access.
- The practice made use of QOF and other performance data to support clinical improvements and outcomes for patients.

Governance and oversight of remote services

	Y/N/Partial
The practice used digital services securely and effectively and conformed to relevant digital and information security standards.	Y
The provider was registered as a data controller with the Information Commissioner's Office.	Y
Patient records were held in line with guidance and requirements.	Y
Patients were informed and consent obtained if interactions were recorded.	Y
The practice ensured patients were informed how their records were stored and managed.	Y
Patients were made aware of the information sharing protocol before online services were delivered.	Y
The practice had arrangements to make staff and patients aware of privacy settings on video and voice call services.	Y
Online consultations took place in appropriate environments to ensure confidentiality.	Y
The practice advised patients on how to protect their online information.	Y
Staff are supported to work remotely where applicable.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice used NHS approved software when consulting with patients remotely. • Patients were made aware that calls were recorded via the practice answerphone message. • We saw evidence of the practice's registration with the Information Commissioners Office for data protection. • The practice website provided information as to how patient information was used and protected. 	

Engagement with patients, the public, staff and external partners

Patient and public engagement was limited although the practice had taken account of patient views from other sources and there was strong engagement with external partners to sustain high quality and sustainable care.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
The practice had an active Patient Participation Group.	N

Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Patient feedback was obtained mainly through the national GP patient survey, friends and family test and complaints. These had identified issues with access that the practice were trying to address. • The practice advised us that there had not been a Patient Participation Group (PPG) since before the pandemic. Following the announcement of the inspection the practice held a PPG meeting. Minutes seen provided those attending with an update of developments within the practice. • The practice worked collaboratively within their local primary care network, integrated care system and local authority to develop services that supported the health and wellbeing of the community. 	

Feedback from Patient Participation Group.

Feedback
The practice had only recently pulled together a PPG since the inspection.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	

Examples of continuous learning and improvement
<ul style="list-style-type: none"> • Learning and development was supported among staff. • Incidents and complaints were used to support learning and improvement. • The practice was able to demonstrate quality improvement through its ongoing work to improve health inequalities and access. For example, the housing pilot with Birmingham City Council.

Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a “z-score” (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique, we can be 95% confident that the practices performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice’s data looks quite different to the average, but still shows as no statistical variation, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice’s data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as no statistical variation to other practices.

N.B. Not all indicators in the evidence table are part of the GP insight set and those that aren’t will not have a variation band.

The following language is used for showing variation:

Variation Bands	Z-score threshold
Significant variation (positive)	≤-3
Variation (positive)	>-3 and ≤-2
Tending towards variation (positive)	>-2 and ≤-1.5
No statistical variation	<1.5 and >-1.5
Tending towards variation (negative)	≥1.5 and <2
Variation (negative)	≥2 and <3
Significant variation (negative)	≥3

Note: for the following indicators the variation bands are different:

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of persons eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for those aged 25 to 49, and within 5.5 years for those aged 50 to 64). This indicator does not have a CCG average and is scored against the national target of 80%.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

Note: The CQC GP Evidence Table uses the most recent validated and publicly available data. In some cases at the time of inspection this data may be relatively old. If during the inspection the practice has provided any more recent data, this can be considered by the inspector. However, it should be noted that any data provided by the practice will be unvalidated and is not directly comparable to the published data. This has been taken into account during the inspection process.

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease.
- **UKHSA:** UK Health and Security Agency.
- **QOF:** Quality and Outcomes Framework.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.
- ‰ = per thousand.