

Inspection Evidence Table - Evidence Collection

Allerton Road Medical Centre

(1-1249279161)

Inspection Date: 13 and 18 September 2023

Date of data download: 07/09/2023

Overall rating: Good

Context

The practice is based in Hackney and has a patient list of approximately 5,950. Information published by Office for Health Improvement and Disparities shows that deprivation within the practice population group is in the fourth lowest decile (four out of 10). The lower the decile, the more deprived the practice population is relative to others.

According to the latest available data, the ethnic make-up of the practice area is 8% Asian, 67% White, 13% Black, 5% Mixed, and 7% Other. The practice explained that they have 3086 male, 2779 female and 1677 under the age of 18 years and 626 under the age of 5 years. 40% of the practice population was from a specific cultural and religious background.

Safe

Rating: Good

Safety systems and processes

The practice had 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 children's and adults' safeguarding policies were last reviewed in March and August 2023. These included the necessary local authority contacts. • The safeguarding lead worked part-time, when they were not available any concerns were escalated to the GP on duty, who followed the escalation process and had access to the City and Hackney safeguarding team for advice. • The safeguarding lead attended monthly meetings with the health visitor and the midwife, where children under five years and antenatal patient who required extra support were discussed. • The safeguarding lead had a safeguarding register which we saw was an agenda item at clinical meetings. • A review of patient records found the practice had a system to highlight vulnerable adults and children to staff. However, a check of one patient record found a child was not connected to the family. This meant staff may not have been aware of other family members who may have been at risk. The lead GP agreed to amend this immediately. • Staff who acted as a chaperone had completed the necessary training. • All staff had completed the appropriate level of children's and adults safeguarding training. 	

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"> • The administration part of the recruitment process was carried out by the provider's human resource team. The practice team were responsible for shortlisting and interviewing the candidates and received information that all the necessary checks were satisfactory before the staff commenced work. • The practice had recently put a system in place to ensure that staff vaccinations were maintained in line with current Public Health England (PHE) guidance relevant to their role. 	

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: August 2023.	Y
There was a fire procedure.	Y
Date of fire risk assessment: NHS property services September 2023/ Practice August 2023.	Y

Actions from fire risk assessment were identified and completed.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The premises were owned by NHS Property Services and subleased to the practice. They had carried out a fire risk assessment in September 2023. The practice had carried out their own health and safety and fire risk assessment. The risk assessments were overseen by a member of the management team who were trained to carry out the assessments. The practice lead explained that although they did not have oversight of the landlord's risk assessments, they were informed if there were any issues. Fire alarm checks were carried out weekly and the most recent fire drill was in August 2023. The practice had carried out portable appliance and calibration checks in April 2023. The legionella risk assessment and water checks were carried out in September 2023 by NHS Property Services. We observed the window blind cords were long in the reception room and may have not met current safety guidance. The regional manager agreed to check this and take any necessary action. 	

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: August 2023	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice nurse was the lead for the management and prevention of infectious diseases. We observed the practice was visibly clean and tidy. The practice was cleaned daily by an independent contractor and staff were aware they had to clean their rooms and equipment prior to use. The staff would inform the manager if there was an issue with the cleaning. All staff had completed their infection prevention and control training 	

Risks to patients

There were adequate in 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice lead explained the provider had their own locum agency for clinical staff which enabled them to cover any clinical staff absences. • The practice had information about the practice available for locum doctors. • Staff could be used from the providers other practices if needed. • The practice lead explained staff had received online and inhouse sepsis training and sepsis escalation posters were on display in the practice. 	

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.	Y
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • A review of patient records in relation to the clinical searches identified that care records were managed in a way to protect patients. • There was a system in place to manage patient test results, the practice lead had oversight and ensured clinical staff reviewed results daily. On the day of the inspection there were no outstanding test results. • The practice lead explained a member of staff from the primary care network and a practice member of staff were responsible for ensuring patient records were summarised. • The practice had a member of staff allocated to monitor urgent patient referrals to ensure follow up. • The practice had a referral policy in place which was last reviewed in September 2023, however this did not include information about the timeline and follow up of urgent two-week referrals. 	

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)	0.70	0.70	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)	11.4%	8.5%	7.8%	Tending towards variation (negative)
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)	6.09	5.65	5.24	No statistical variation
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	44.8‰	65.0‰	129.5‰	Variation (positive)
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)	0.47	0.42	0.54	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/01/2023 to 30/06/2023) (NHSBSA)	5.5‰	5.4‰	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.	Partial
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines. 1	Y
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. As part of our inspection several sets of clinical record searches were undertaken by a CQC GP specialist advisor. These searches were visible to the practice. We found that monitoring was appropriate overall. For example:</p> <ul style="list-style-type: none"> • The clinical searches found patients receiving high-risk medicines, such as azathioprine were put on repeat prescriptions, recalled for tests as required by guidance, and the GP was responsible for checking the necessary tests were carried out prior to prescribing. • We sampled 3 of 21 patients taking a medicine or group of medicines which may be used to treat atrial fibrillation and one was booked for forthcoming appointments and two were only recently due their blood test. • We sampled 5 patients annual medicines reviews and found no concerns. • We reviewed 5 out of 23 patients identified having been prescribed more than 10 prescriptions for benzodiazepines or Z drugs (medicines sometimes used for anxiety.) and found all had a medicine review and four patients had been informed of the risk of addiction. • The practice had an independent nurse prescriber and a pharmacist, although they had regular checks of the pharmacist, they had not commenced a review of the independent nurse prescriber. • The practice did not have any controlled drugs on the premises. • There was a system in place to ensure vaccines were appropriately stored. • The practice nurse was responsible for checking the emergency medicines. • The health care assistant checked the oxygen, and defibrillator daily. 	

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:	10
Number of events that required action:	9
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice manager explained significant events were investigated and cascaded to staff dependent upon the type of event at practice and clinical meetings. Staff confirmed they were informed about any learning from an event at practice meetings. 	

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

Event	Specific action taken
<ul style="list-style-type: none"> A GP entered the wrong consultation record into a patient notes and referred the incorrect patient for testing 	<ul style="list-style-type: none"> The patients were informed of the mistake and given an apology. This was discussed with clinical staff, who were encouraged to only work on one task at a time so there was less chance of mistakes in patient records.
<ul style="list-style-type: none"> A two-week urgent patient referral was not promptly actioned and followed up. 	<ul style="list-style-type: none"> As soon as the practice became aware, the patient was contacted and apologised to and corrective action taken. This was discussed with staff, and they were reminded to be vigilant when carrying out referrals.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts. 1	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> As part of the clinical searches, we reviewed a safety alert, and we found that patients had been provided with the advice of the side effect. Safety alerts were received, reviewed, and acted upon by the pharmacist, who disseminated them to staff. We saw safety alerts were a agenda item at clinical meetings. 	

Effective

Rating: Good

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 assessed, and care and treatment were delivered in line with current legislation, standards and evidence-based guidance supported by 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.	Y
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

Effective care for the practice population

Findings
<ul style="list-style-type: none">• Health checks, including frailty assessments, were offered to patients over 75 years of age.• Flu, shingles and pneumonia vaccinations were offered to relevant patients in this age group.• The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

- 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.
- All patients with a learning disability were offered an annual health check. The practice submitted unverified data to demonstrate they had identified 33 patients with a learning disability and at the time of the inspection had carried out 27 annual reviews (82%) from the 1 April 2023.
- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice assessed and monitored the physical health of people with severe mental illness. The practice submitted unverified data to demonstrate they had identified 80 patients with severe mental illness and at the time of the inspection had carried out 57 annual reviews (74%) from the 1 April 2023.
- Patients with poor mental health, including dementia, were referred to appropriate services.
- The practice staff carried out weekly ward rounds at a local residential care home for 64 patients. During the ward round each of the 64 patient was given a face-to-face review and the GP was on site for the whole day. In addition, the practice staff supported two residential homes for people with a learning disability.
- The primary care network had employed a physicians associate whose role would include offering regular patient checks to housebound patients.

Management of people with long term conditions

Findings

- Patients with long-term conditions were 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.
- The practice used a computer patient record software programme and allocated a member of staff to identify patients who required annual health checks for long term health conditions.
- As part of this inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor. A sample of the records of patients with long term conditions were checked to ensure the required monitoring was taking place. We also reviewed a sample record of patients who may have an undiagnosed long-term condition. These searches were visible to the practice. The samples found:
 - Patients with a possible diagnosis of diabetes were identified.
 - Patients who had kidney disease and hypothyroidism had evidence of appropriate monitoring.
 - We sampled 5 patients who had retinopathy with a blood result which may indicate a risk and found clinical staff had completed the correct monitoring.
 - We sampled 5 patients who were prescribed steroids for asthma and found they had been offered an appointment for an annual review.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice 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.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with COPD were offered rescue packs.

- The practice referred diabetic patients to the education programme at the local hospital.
- The GP survey taken from January to March 2023, where 676 patient surveys were sent out and 84 patients responded, found 83% of patients said they have had enough support from local services or organisations in the last 12 months to help manage their long-term condition(s) compared with the integrated care system area average of 57%.

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/Hip) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	58	116	50.0%	Below 80% uptake
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)	55	109	50.5%	Below 80% uptake
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (Men) (i.e. received Hib/Men booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	56	109	51.4%	Below 80% uptake
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)	60	109	55.0%	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)	33	78	42.3%	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 leads explained about the work they had previously carried out at the practice to improve the uptake of childhood immunisations. This included:
 - A care co-ordinator has actively called parents to promote immunisations and to book appointments.
 - The practice had moved the 6-week baby check to an 8-week check that can be combined with 1st vaccination appointment to reduce clinic appointments and make it more convenient for parents.
 - Every GP and practice nurse actively talked about and promotes immunisations at every opportunity.
 - In a previous year the practice had ran a GP led telephone clinic calling parents to promote and book immunisations appointments. They found although this was labour intensive was somewhat effective,

but probably not a sustainable service to provide long-term, with the current pressure on NHS resources.

- The practice had engaged with City of Hackney commissioners who acknowledged the unique nature of 40% of the local population and were looking at promotion of immunisations not just at the practice level but as a CCG because this affect other practices. The practice explained ‘This community is very diverse and is served by its own education and social security system. Channels of communication are limited as technology is often inaccessible on religious grounds. This leads to challenges in Borough or nationwide messaging reaching families and difficulties accessing schools for catch-up vaccination campaign.’
- The commissioners had commissioned a service, to look at the promotion of immunisations in City and Hackney. The service started in summer and there were plans for working with the community leaders, arranging events and using people who could influence the community. Providing evening and Sunday clinics and offer of home visits. Ensuring the community profile was reflected in the staff at the practice.
- The practice had a member of the administration team responsible for the recall of children for their childhood immunisation. They worked alongside the practice nurse to identify children due for their immunisations. They used a computer-based system to identify parents who declined and which children were due or overdue their vaccinations.
- 1677 of the practice population was aged under 18 years, and 626 was aged under five years.
- More recent unverified data submitted by the practice, demonstrated that from 1 April 2022 to 31 March 2023 the uptake for children aged 2 years was 54% and for children 5 years was 47%.
- The practice submitted City and Hackney childhood immunisation dashboard of unverified data which showed that the practice was mostly achieving better or similar targets to the other practices with a similar diverse population group.
- Although the practice had made significant efforts to increase the uptake of childhood immunisation, further improvements were required to meet the world health organisation targets.

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)	43.7%	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)	50%	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)	63.6%	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)	70.0%	53.0%	54.9%	No statistical variation

Any additional evidence or comments

- The practice had nominated a dedicated member of the administration team who focused on the recall of patients for cervical screening.

- The practice nurse explained they had oversight of all cervical screening results and ensured abnormal or inadequate cervical smears were followed up promptly.
- The practice provided unverified data to demonstrate from the 1 April 2022 to the 31 March 2023 the practice had an uptake of:
 - Patients aged 25 to 49 was 82%.
 - Patients aged 50 to 64 was 82%.
- The clinical staff had carried out a two-cycle audit of inadequate cervical screening from September 2021 to February 2022 and September 2022 to February 2023. The second cycle audit demonstrated learning as the number of inadequate cervical smears had reduced.

Monitoring care and treatment

The practice had a 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
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y
<p>Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:</p> <ul style="list-style-type: none"> • All surgeries in City and Hackney work towards an extended long term health condition contract which this year had 29 indicators. The practice worked closely with other members of their primary care network to achieve the targets. Last year the practice reported they achieved the upper level in over 95% of the targets. • The staff had carried out an audit of two-week referrals to secondary care for dermatology. The aim was to peer review and share the outcomes of practice dermatology activity along the two-week cancer pathway. The conclusion was that patients should be offered a face-to-face appointment before the two week wait referrals are made to ensure they are appropriately referred, which staff then put into place. • A two-cycle audit of prescription drug dependency. • An access audit to understand the demand and capacity within the practice and the primary care network. • The practice reviewed patients on Inhaled corticosteroids (ICS) inhalers in the last 12 months. 	

Effective staffing

The practice was able to demonstrate 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.	Partial
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"> • The practice lead provided evidence that all clinical and not clinical staff had completed their mandatory training. • The practice nurse, who was an independent prescriber, provided evidence of their competency for their role. The practice lead explained the human resource and the providers director of nursing and unplanned care, had oversight of the practice nurse role specific training but they did not hold this at the practice. The regional manager and practice lead agreed this information should also be held at practice level, so the practice lead could monitor to ensure staff competency. • The lead clinician monitored the prescribing of the pharmacist and carried out a review of 5 random patient consultation notes every three months, to ensure the quality of their work. However, this was not carried out for the practice nurse. The lead clinician agreed to commence carrying out the review for the practice nurse. • The practice nurse had a scope of practice in place signed by the lead clinician, which they were following. 	

Coordinating care and treatment

Staff worked 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> <ul style="list-style-type: none"> • The practice attended monthly multi-disciplinary team meetings with other agencies and had contact with the psychiatric liaison team and the neighbourhood clinical teams to discuss complex patients' treatment, care, and welfare. • The extended hours practices had access to the patient's full records to ensure continuity of care. 	

Helping patients to live healthier lives

Staff were 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice referred patients to wellbeing and social prescribing. • The clinicians if appropriate referred patients for a annual gym membership. • The practice referred patients to drug and alcohol services, smoking cessation clinics, and the voluntary sector crisis café. • The practice had added "Self Help & Wellbeing Centre" to their website to enable patient to see the variety of services available. 	

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
<p>Explanation of any answers and additional evidence,</p> <ul style="list-style-type: none"> • Our clinical review of notes where a DNACPR decision had been recorded, this identified where possible the patients' views had been sought and respected and information had been shared with relevant agencies. 	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect, and compassion. Feedback from patients was positive 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"> The practice had reviewed the feedback regarding the attitude of reception staff and in response they had provided customer service training and introduced customer care as part of the staff's annual appraisal. The GP survey taken from January to March 2023, where 676 patient surveys were sent out and there were 84 responses found 94% of respondents found the receptionists at the GP practice helpful. 	

Patient feedback	
Source	Feedback
<ul style="list-style-type: none"> NHS choices reviews 	<ul style="list-style-type: none"> In 2023 there were five reviews, two were positive and three were negative. Two of the negative reviews were about reception staff's attitude.

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)	85.6%	78.7%	85.0%	No statistical variation
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)	82.1%	76.6%	83.8%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the	91.7%	89.3%	93.0%	No statistical variation

healthcare professional they saw or spoke to (01/01/2023 to 30/04/2023)				
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)	71.1%	64.4%	71.3%	No statistical variation

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

Any additional evidence

- Although, the practice did not carry out their own survey they reviewed the GP survey and the friends and family feedback. They followed you said we did; this is the patients said they wanted and the practice responded by. For example, the patients wanted continuity of doctors, in response the practice the explained they had two lead doctors and a salaried doctor, and a new salaried doctor would be joining the practice which would enable continuity of doctors' care.

Involvement in decisions about care and treatment

Staff helped patients to be involved 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"> Information was available in different languages at the practice. The website was available in different languages. The website included information for carers. 	

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)	88.5%	85.6%	90.3%	No statistical variation

	Y/N/Partial
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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 was available in other languages for patient who did not have English as their first language. 	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> The practice had identified 68 carers at the practice.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> The practice offered carers their annual flu vaccination. The practice referred carers to a local support group.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The practice provided information to patients both before and following a bereavement. The practice would offer GP appointments to support the families of patients

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"> Patients were offered the option of having a chaperone 	

Responsive

Rating: Good

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

Explanation of any answers and additional evidence:

- The practice leased the premises, and this had restricted them in the days they opened and in making any improvements to the building. At the time of the inspection, they were in negotiations to change this and improve the building.
- Patients could book appointments, in person, online, and on the telephone.
- Patients had access to a centrally provided online team, who would review the online contacts, offer and advice and carry out telephone appointments. This was available from 6.30am to 8pm.
- The patients record system identified those who were digitally challenged, this enabled reception staff to offer the appropriate type of appointment.
- The practice had disability access risk assessment in place. The premises were located on the ground floor with disability access and on a local bus route near a main road.
- Patients with urgent needs and children under five years were prioritised for an appointment.
- The practice offered a service to the local community and staff ensured they observed their religious and cultural needs.
- The practice offered longer appointments for patients with a learning disability.
- Appointments were available bookable with a GP, clinical pharmacist, practice nurse, health care assistant, physiotherapist, mental health worker, diabetic and heart failure nurse.
- Patients could access extra evening appointments at two other practices from 4pm to 8pm Monday to Friday and from 8am to 8pm on a Saturday.
- Non-clinical appointments were available with the social prescriber or care co-ordinator, depending on the nature of the issue for which support was being sought.
- The practice had agreed to provide covid vaccinations to both vulnerable and elderly patients as they would not use online booking system due to their religious and cultural beliefs.
- Patients with more than two long term conditions were offered a special extended 'time to talk' appointment for 30 minutes to allow an opportunity to discuss any health concerns that they may have.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6:30pm
Tuesday	8am to 6:30pm
Wednesday	8am to 6:30pm
Thursday	8am to 6:30pm

Friday	8am to 6:30pm
Appointments available:	
Monday	8am to 6:20pm
Tuesday	8am to 6:20pm
Wednesday	8am to 6:20pm
Thursday	8am to 6:20pm
Friday	8am to 6:20pm
<p>Extended hours appointments were offered from: -</p> <ul style="list-style-type: none"> • On a Monday and Tuesday from 7:30am to 8am by the practice nurse. • On a Tuesday and Thursday from 6:30pm to 7 pm by the GP. 	

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

- The practice carried out weekly ward rounds at a local residential care home for 64 patients. During the ward round each of the 64 patient was given a face-to-face review and the GP was on site for the whole day.
- In addition, the practice provided care for two residential homes for patients with a learning disability. Where the GP carried out a weekly telephone ward round.
- The practice had reviewed the feedback from patients of having continuity of care from GPs and in response provided the names of the GPs who worked at the practice.
- 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.
- There was a medicines delivery service for housebound patients.
- The practice liaised regularly with the community services to discuss and manage the needs of patients with complex medical issues.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- People in vulnerable circumstances were able to register with the practice, including those with no fixed abode such as homeless people and Travellers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- Housebound patients were seen on a regular basis throughout the year either by a GP, clinical pharmacist, or paramedic through the GP Confederation Proactive Care Home Visiting service.

Access to the service

People were able to access care and treatment in a timely way.

	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.	Y

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.	Y
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had carried out a two-cycle audit to optimise access to general practice to understand the demand and capacity within the practice and primary care network and to understand the types of appointments available. Following the first audit, the practice had increased the number of face-to-face appointments, and reserved face-to-face slots for exclusively patients under 5 years. The second audit demonstrated some improvements in patient feedback and raised other actions such as the duty GP to see all patients face to face and the reception staff had to offer a choice of a face to face or telephone appointment. In addition, the survey responses were placed on the wall in the waiting room and a poster would be put in the waiting room to show the different methods of booking an appointment. The regional manager explained the telephone system had been updated so that the times patients were waiting for the calls to be answered was improved and continually monitored to assess for improvements. The practice monitored national patient feedback, such as friends and family and the national patient survey. They responded to the feedback using you said, and we did method. For example, the patients said they find it hard to get through on the telephone and do not know where we are in the queue. The practice in 2022 they installed a new cloud-based telephone system, which included a telephone queue system informing patients where they were in the queue. In addition, all telephone messages were recorded to ensure to assist with customer service training and safety. Also, the patients wanted more face-to-face appointments, the practice organised the rota to ensure all clinical rooms were fully utilised. The clinical pharmacists increased their number of face-to-face appointments accordingly, which freed up GP appointments to those patients that need to see a GP face to face. The practice provided unverified data that demonstrated, based on an average week, in total the practice offered 720 appointments each week. These consisted of 388 GP, 106 clinical pharmacists, 58 practice nurse, 69 healthcare assistant, 12 physiotherapy and 11 diabetic nurse appointments each week for a practice population of 5,950 patients. Of these appointments approximately 64% were face-to-face. The heart failure nurse attends once a month and will see 6 patients offering a 30-minute appointment. 	

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
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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)	74.7%	N/A	49.6%	Significant variation (positive)
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)	63.0%	49.0%	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)	59.6%	50.9%	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)	75.8%	65.1%	72.0%	No statistical variation
<p>Explanation of any answers and additional evidence:</p> <p>Other GP survey information for (01/01/2023 to 30/04/2023) was: -</p> <ul style="list-style-type: none"> 75% find it easy to get through to this GP practice by phone compared to 48% average for the integrated care system area. 94% find the receptionists at this GP practice helpful compared to 51% average for the integrated care system area. 71% describe their overall experience of this GP practice as good compared to 64% average for the integrated care system area. 				

Source	Feedback
NHS.uk website (formerly NHS Choices)	<ul style="list-style-type: none"> In 2023 there were five reviews two positive and three negatives. Two of the negatives were in regard to reception staff attitude. In response to the negative feedback reception staff completed customer care training.

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.	6
Number of complaints we examined.	.2
Number of complaints we examined that were satisfactorily handled in a timely way.	.2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
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Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The provider had oversight of all complaints and cascaded learning from of their practices. The practice lead explained all complaints were logged and investigated and the outcome and learning shared with staff. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
<ul style="list-style-type: none"> A relative of a patient telephoned and asked if a email had been received, a staff member advised that they could not discuss but did confirm that it had been received. The relative was unhappy with the conversation. 	<ul style="list-style-type: none"> The manager reviewed the call and found the correct information was given but it could have been delivered better. Further training was provided for staff.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive, and effective leadership.

	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Hurley Clinic Partnership have 14 services which consist of urgent care and GP practices, and were operated by an executive board, supported by a leadership team of a chief executive, a medical director a director of primary care, a director of urgent care and nursing and a director of finance. Allerton Road Medical Centre had a practice lead and two lead clinicians and were overseen by a regional manager. We spoke with staff and received four questionnaires, and all stated they felt the practice leads were approachable and visible. The practice lead was recruited in August 2023 and was being supported in their role by the regional manager. 	

Vision and strategy

The practice had a vision and strategy to provide 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice was part of an operation strategic plan which was reviewed at executive board level. The information from the board was cascaded to staff through the monthly operation meetings. The practice had monthly team and wellbeing meetings, which was protected social time. This provided staff an opportunity to connect as a team and as a forum for any member of the team to suggest improvements or discuss any issues. Allerton Road medical Centre business strategy objectives included achievement of City and Hackney's contract requirements local engagement scheme and associate key performance indications and to retain the existing permanent clinical workforce. Also, to carry out regular reviews of patient surveys and develop an action plan to improve access and patient care. 	

Culture

The practice had a culture which drove 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The provider had two freedom to speak up guardians. • The practice displayed duty of candour posters throughout the practice. • All staff and their families had access to a confidential employee assistance service. This offered advice, guidance, career development, and other services. • Staff who completed questionnaires and those we spoke with stated they felt they could raise a concern. 	

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

Source	Feedback
<ul style="list-style-type: none"> • Four staff questionnaires 	<ul style="list-style-type: none"> • Staff felt the management team were approachable, supported them and they were able to raise concerns without retribution.

Governance arrangements

There were 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.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice lead had been recently recruited. They were supported by human resource and a senior management team and directly by a regional manager. As they had recently started, we found at the time of the inspection, they were unsure about the some of the practice's procedures and staff roles. • Human resource information was held at the provider level and not always shared with the practice. This meant the practice leads were unable to fully check that staff had completed their role specific training. The regional managers agreed to review this to ensure going forward this information was available to the practice leads. • The clinical lead said that the practice did not generally experience backlogs of activity at the local hospital, except for dermatology for which they had carried out a two-cycle audit. 	

Managing risks, issues and performance

There were processes for managing risks, issues and performance.

	Y/N/Partial
•	• 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 provider had a business continuity plan in place, last reviewed August 2023. • The provider had system in place to ensure patient risks were identified and escalated to the Executive Board. • The practice lead and regional manager had put in place local risk assessments for the building. 	

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:	
<ul style="list-style-type: none"> • The practice leads monitored patient data weekly to improve performance. For example, for long-term conditions. • The service development team met with the practice weekly to support the practice and review targets. 	

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"> Patients had access to a centrally provided online team, who would review the online contacts, offer and advice and carry out telephone appointments. 	

Engagement with patients, the public, staff and external partners

The practice involved public, staff and external partners to sustain 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.	Y
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice worked with in the primary care network. The practice held regular meetings, to cascade information, encourage learning and discuss challenges and events. These consisted of a weekly reception meeting, a two weekly clinical staff meeting, a two weekly planned care meeting. A monthly operations meeting, where the minutes were shared with the director. In additions, the practice lead had a one to one meeting with the regional manager monthly and attended organisation practice lead meeting monthly. 	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> We met the Chair of the patient participation group who explained the group met every three months and normally consisted of six patients. During the meeting they had open discussions but found that any changes were slow especially with changes to the building. However, when they pushed for improvement things did happen and they got on well with the staff

Continuous improvement and innovation

There were 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: <ul style="list-style-type: none"> The practice was working with the primary care network to make improvements. Such as recruiting additional staff. The practice responded to patient feedback. The practice had been successful in obtaining a grant to Improve the building. 	

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

3. Note: for the following indicators the variation bands are different:
4. number of inadequate smears to inadequate rate 1.45 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%.
5. 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.
6. 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%.
7. 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.
8. 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>
9. 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.
10. **Glossary of terms used in the data.**
11. **COPD:** Chronic Obstructive Pulmonary Disease.
12. **UKHSA:** UK Health and Security Agency.
13. **QOF:** Quality and Outcomes Framework.
14. **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.
15. • ‰ = per thousand.