

Care Quality Commission

Inspection Evidence Table

Ashton GP Service (1-8501997981)

Inspection date: 18 May 2022

Date of data download: 10 May 2022

Overall rating: add overall rating here

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The provider had systems to safeguard children and vulnerable adults from abuse. Policies were regularly reviewed and were accessible to all staff. They outlined clearly who to go to for further guidance.There were clear policies and procedure in place for staff to follow should children not be brought to appointments.Safeguarding training was delivered by gtd Healthcare academy and records showed all staff had been trained to the appropriate levels.There was a safeguarding lead within the practice, who was supported by the gtd Healthcare Child and Adult safeguarding leads. All safeguarding concerns are reported through a central	

Safeguarding	Y/N/Partial
<p>system and where concerns are rated as moderate or above, the practice lead would be supported by gtd Healthcare leads to investigate and follow up the concerns raised.</p> <ul style="list-style-type: none"> The safeguarding management team worked hard to develop good relationships with other specialist agencies and had been provided with specialist training as needed. 	

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"> Recruitment was centralised and managed by a human resource team at the head office. There were clear recruitment policies and procedures in place, including details of the checks required for locum staff. We reviewed three staff files and found recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body, references and the appropriate checks through the Disclosure and Barring Service (DBS). We noted all appropriate checks were carried out for locum GPs working within the practice. 	

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 16.5.2022	Y
There was a fire procedure. Date of fire risk assessment: 22.9.2021	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 practice used outside providers to carry out an annual PAT testing and calibration of equipment. We saw evidence which showed these had both been completed. All staff had completed mandatory health and safety and 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. Date of last infection prevention and control audit: 11.04.2022	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:

- Appropriate standards of cleanliness and hygiene were followed, and guidance was updated to reflect the latest COVID-19 guidance. We observed the premises to be clean and tidy and personal protective equipment and hand sanitiser was readily available for staff and patients.
- Staff had received up to date training.
- There is an organisation wide infection prevention and control lead, who supported the practice and carried out regular audits and spot checks. Key infection prevention and control measures information was also highlighted in the monthly clinical newsletter including changes to COVID-19 related guidance.
- The practice was 99% compliant following the latest infection prevention and control audit. We noted from the action plan, action had already taken place where required.

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:

- There was a detailed induction process for staff and systems were in place to assess competencies of new and locum staff.
- Ashton GP service has seen significant staffing change with the clinical and management team. Whilst recruiting new clinical staff the practice used regular locum's, wherever possible for continuity of care, and to ensure they were able to provide appointment for patients without staff having to work excessive hours to fill gaps. The operation manager attended fortnightly resilience meetings and completed a weekly situation report (SITREP) which was sent to head office to ensure they have enough staffing cover in place.
- There was a clear procedure in place for staff to follow should they encounter acutely unwell patients either on the telephone or within 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

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHS Business Service Authority - NHSBSA)	0.55	0.81	0.76	Tending towards variation (positive)
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). (01/01/2021 to 31/12/2021) (NHSBSA)	7.5%	7.8%	9.2%	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 (01/07/2021 to 31/12/2021) (NHSBSA)	4.45	4.07	5.28	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	192.0‰	200.5‰	129.2‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2021 to 31/12/2021) (NHSBSA)	0.42	0.77	0.62	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA)	11.3‰	8.5‰	6.8‰	Tending towards variation (negative)

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

Explanation of any answers and additional evidence:

- The practice had good antimicrobial stewardship protocols in place to safely manage prescribing of antibiotics. Antibiotic prescribing was closely monitored by the practice and the CCG medicines team.
- The practice had a higher than average number of unique patients (44 individual patients) prescribed multiple psychotropics per 1,000 patients (01/07/2021 to 31/12/2021) (NHSBSA). This is where patients are prescribed a combination of at least one antidepressant and at least one antipsychotic. Whilst this can often be clinically necessary, prescribing of multiple psychotropics carries increased risks and patients should be closely monitored.
- A STOMP project (Stopping over medication of people with a learning disability) had commenced in partnership with the CCG and Pennine Care supported by mental health workers to review those patients with learning disabilities prescribed multiple psychotropics.
- Following the inspection, the provider carried out a review of patients prescribed multiple psychotropics. Details shared with CQC demonstrated patients prescribed multiple psychotropics medicines were being monitored and reviewed by either the practice or the mental health team, with some patients prescribed on a weekly basis. The review resulted in changes to clinical record coding to ensure patients where required, were being monitored for severe mental illness (SMI). The review also resulted in an increased prevalence of mental health patients within the practice, above the local average. Actions included appointing a practice SMI lead to increase patient engagement and ensure all patients attend for SMI reviews.

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

Medicines management	Y/N/Partial
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 structured medicines reviews for patients on repeat medicines.	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 high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	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:</p> <ul style="list-style-type: none"> • There were clear medicine management and prescribing policies and procedures in place including a home visit policy and a protocol for those patients prescribed lithium. • As part of the inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor. The records of patients prescribed certain high-risk medicines were checked to ensure the required monitoring was taking place. These searches are visible to the practice. The records we examined provided evidence that the majority of patients prescribed high risk medicines had been monitored appropriately and in a timely manner. Where our searches identified gaps in monitoring, the practice was able to provide evidence that patients had been recalled for monitoring and there was a clear plan in place to follow up those patients who have not attended. • During the COVID 19 pandemic, the practice in line with guidance, had prioritised monitoring those patients prescribed the most high-risk medicines. Working with the central data team they were in the process of identifying those patients who were due monitoring and systematically scheduling appointments with patients. • The organisation employed a medicines management team, which included a pharmacist who supported the practice, carrying out regular medicines audit to ensure prescribing was in line with best practice guidelines for safe prescribing. 	

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:	5
Number of events that required action:	5
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There were good systems for reviewing and investigating when things went wrong. The service used a secure web-based incident management system to record and monitor incidents. Incidents were reviewed for significance and those identified as moderate or above were managed in conjunction with the central governance team who support the investigation process. Ashton GP Service had recorded four low level incidents and one moderate incident in the previous 12 months. The organisation learned and shared lessons identified themes and acted to improve safety in the service. Feedback regarding events and findings were discussed during governance meetings and clinical service quality performance meetings. 	

Example of significant events recorded and actions by the practice.

Event	Specific action taken
It was noted by a Clinician that in December 2021 a patient with a high HBA1C had not been followed up. Records showed attempts to contact the patient by telephone and text, but no letter or further attempts were made after these initial attempts.	<ul style="list-style-type: none"> Once identified the Practice Manager attempted to make contact with the patient again, using a range of communication. It was identified the patients had moved abroad following the tests as the reason for lack of response from the patient. The protocol for following up patient test results was amended to include alerting staff to failed responses, enabling clinicians to take appropriate action and try alternative methods of contacting patients. The task will remain open until contact is made as a failsafe.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

Explanation of any answers and additional evidence:

- The service learned from external safety events and patient safety alerts. The service had an effective mechanism in place to disseminate alerts to all members of the team including sessional and agency staff. Where action was required as a result of a safety alert the central data team would run searches of clinical records to identify patients who may be affected. Clinicians would then review patients and make changes to care and treatment where required.
- We reviewed a sample of patient records to check appropriate action had been taken in response to MHRA. From a sample of patients' records, we found action had been taken on the most recent alerts, and a system had been introduced to ensure they continued to audit medicines previously subject to safety alerts to ensure prescribing continued to be in line with up to date guidance.
- Details of safety alerts were also included in the monthly clinical newsletter where a summary of new National Institute for Clinical Excellence (NICE) guidance and safety alert information was produced.

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 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.	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
Explanation of any answers and additional evidence: There were organisation wide clinical leads in post, including medical and non-medical clinic leads, palliative care and safeguarding leads. The leads were available to provide support, advice and guidance to staff within the practice.	

Effective care for the practice population

Findings
<ul style="list-style-type: none">The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.Health checks, including frailty assessments, were offered to patients over 75 years of age. The practice has developed a new HCA template for frailty assessments to help identify patients who may need further support.Advanced care plans are completed for patients living in residential and nursing homes.

- 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.
- For patients with complex care needs the practice worked together with local multi-disciplinary teams including, District and Macmillan nurses.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable. The organisation has a palliative care nurse who supports the practice with advanced care planning.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances. The practice worked closely with a local drug and alcohol respite centre to register patients temporarily during treatment, to ensure they had access to primary care.
- Patients with poor mental health, including dementia, were referred to appropriate services.

Management of people with long term conditions

Findings

- As part of the inspection a number of set clinical record searches were undertaken by a CQC GP specialist advisor. The records of patients with long term conditions were checked to ensure the required assessment and reviews were taking place. These searches are visible to the practice. The records we examined provided evidence that overall patients with long term conditions had been monitored and reviewed appropriately.
- Patients with long-term conditions were offered a structured 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 organisation had recently developed an Asthma protocol to ensure a clinician followed up patients who had received treatment for acute exacerbation of asthma, including those prescribed in hospital or through out of hours services.
- The practice shared clear and accurate information with relevant professionals when deciding care delivery for patients with long-term conditions.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

- The practice has developed multidisciplinary clinic for diabetic and COPD patients including nurses, health care assistants and assistant practitioner.
- 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.
- Patients with asthma were offered an asthma management plan.

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) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	73	84	86.9%	Below 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	76	84	90.5%	Met 90% minimum
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	76	84	90.5%	Met 90% minimum
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	75	84	89.3%	Below 90% minimum
The percentage of children aged 5 who have received immunisation for measles, mumps and rubella (two doses of MMR) (01/04/2020 to 31/03/2021) (NHS England and Improvement)	55	74	74.3%	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 was aware of the lower than expected childhood immunisation rates, following the retirement of the practice nurse and have taken steps to improve the uptake. They appointed a new

nurse who has now completed the relevant training to be able to offer immunisations. They have also appointed a locum nurse to support them catch up on immunisations and achieve target.

The practice team also worked closely with the patient population to educate and promote the benefits of childhood immunisations to increase up take.

Cancer Indicators	Practice	CCG average	England average	England comparison
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). (Snapshot date: 31/12/2021) (UK Health and Security Agency)	66.7%	N/A	80% Target	Below 70% uptake
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	51.8%	57.2%	61.3%	N/A
Persons, 60-74, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2020 to 31/03/2021) (UKHSA)	50.2%	64.4%	66.8%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2020 to 31/03/2021) (UKHSA)	20.0%	56.6%	55.4%	No statistical variation

Any additional evidence or comments

- The practice team continually promoted the benefits of screening with patients and actively follows up patients who have failed to attend screening. Following the retirement of the practice nurse, they were aware of the temporary impact this had on the ability to offer cervical screening to patients. They have appointed a new nurse, who has now completed training to be able to offer cervical screening and an additional locum nurse has been appointed to increase capacity for screening.
- The practice reviewed referrals and monitored how two week wait referrals had progressed. They developed a standard template, so whenever a clinician referred a patient, a task was automatically sent to the administration team to ensure all referrals were actioned. In addition, a system was implemented to ensure referrals progressed. If any patient hadn't been offered an appointment this was chased up with the bookings team at the hospital.

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
The practice regularly reviewed unplanned admissions and readmissions and took appropriate action.	Y

Any additional evidence or comments

We saw there was a range of quality improvement work carried out within the practice, supported by the central data and medicines management team. For example:

- A first cycle advanced care planning audit of care home patients has been completed. The audit had been set up following increase number of patients living in care homes and to ensure patients decisions are accurately recorded in patients care plan, including DNACPR decisions have been completed in line with good practice.
- A clinical audit has started looking at the prescribing of Bisphosphonates (medicines that help regulate bone growth) and compliance with the guidelines relating to Bisophonate holidays.
- The practice also routinely completes a broad-spectrum of antibiotic prescribing audits and Locum consultation audits. Plans were also in place to routinely audit patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice carried out a quality improvement project to reduce the number of patients who did not attend appointments (DNA). The project identified a language barrier for some patients, for example, routine text message appointment reminders could not be translated. As a result, the DNA policy has been amended and the practice are trialling translated text messages to improve accessibility and reduce the number of patient's DNA appointments.
- The central data team monitored practice performance and provided reports to the practice, including performance against the Quality Outcomes Framework, National Screen Programme and childhood immunisation uptake.

Effective staffing

The practice was able 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"> The organisation has an organisation wide academy which co-ordinates and manages all learning and development activities. They produced a weekly summary of internal and external training and development opportunities. Staff had access to corporate and onsite induction. Staff were encouraged to develop and were actively supported by the practice to gain additional skills and qualifications to enhance their roles, for example, the new nurse appointed was supported to complete the general practice nurse foundation course. This course seeks to help nurses new to general practice develop their clinical skills and experience to allow them to confidently deliver patient care in the primary setting. The practice also supported newly qualified GPs to complete the GP Fellowship course. The organisation has launched a new appraisal process, with managers undertaking training and a schedule of new appraisal had been developed for 2022/23. 	

Coordinating care and treatment

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

Indicator	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

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:	

- The practice worked in a multidisciplinary way with colleagues across health and social care to ensure coordinated care was in place for vulnerable patients and to support patients and their families at the end of life.
- The practice was supporting patients to take ownership of their health conditions by encouraging the use of different mobile applications such as Diabetes my way and an asthma app.
- The practice team recognised during the pandemic that mental health demand was increasing. As a result, the practice included details of locally available services within text messages sent to patients, for example Minds Matter. During Covid-19 lockdown the practice also sent text messages to patients about managing mental health with tips such as going for a walk and keeping active.
- As part of the PCN, patients were able to access services in the community, including social prescribing and self-referrals to a Musculoskeletal service.

Consent to care and treatment

The practice always 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.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The five key principles of the Mental Capacity Act were displayed, and guidance was available for staff in relation to the management of patients lacking capacity or refusing treatment. • During the inspection we saw the practice had a clear protocol in place in relation to do not attempt cardiopulmonary resuscitation (DNACPR) and we noted from a review of records they were appropriate and completed in line with good practice. 	

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 a good understanding of the patient population. The practice had been awarded the Gold award from the Pride in Practice. The practice was working towards becoming a homeless friendly accredited practice. Speaking with staff they provided examples of reasonable adjustment made to accommodate individual patients needs and adjustments were noted within patients' records. 	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	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 (01/01/2021 to 31/03/2021)	83.6%	87.1%	89.4%	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 (01/01/2021 to 31/03/2021)	92.1%	87.1%	88.4%	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 healthcare professional they saw or spoke to (01/01/2021 to 31/03/2021)	94.3%	95.1%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2021 to 31/03/2021)	77.5%	79.6%	83.0%	No statistical variation

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

Any additional evidence
The practice carried out a full patient survey in 2018 and plans were in place to conduct a new survey over the summer. They encouraged patients to give feedback with posters displayed in the waiting area and details on the website of how patients could give feedback. Feedback was monitored and incorporated into the annual feedback report.

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"> The practice had information available to patients in a range of formats including in different languages, and easy read and pictorial materials were available. The practice had a higher than average number of patients for whom English was not their first language. To ensure patients were involved in decisions about care they were offered extended appointments and a telephone translation service was used for both face to face and telephone consultations. The practice was able to refer patients to a social prescriber who can provide additional support in the community and signpost to other services. 	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	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 (01/01/2021 to 31/03/2021)	89.8%	91.5%	92.9%	No statistical variation

	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

Carers	Narrative
Percentage and number of carers identified.	The practice has identified 71 (2%) patients who had a carer and 57 (1.5%) patients who were carers.
How the practice supported carers (including young carers).	<ul style="list-style-type: none"> All new patients registering with the practice were asked about their carer status and the details would be incorporated into their patients records with details of reasonable adjustments where required. There was a dedicated carer display board in the waiting area and information was available, signposting carers to the various avenues of support available to them.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> For patients and families who had suffered bereavement, their usual GP contacted them where appropriate. This was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service

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 were aware of not discussing patient detail at the desk either in person or on the telephone. The waiting area was arranged away from the reception desk. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed, they could offer them a private room to discuss their needs. 	

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: <ul style="list-style-type: none"> The organisation has produced a guide for staff to highlight the range of reasonable adjustments in healthcare for patients with learning disabilities. Following a review of the text message appointment reminder service, the practice identified a number of patients were unable to read these text messages resulting in an increased number of patients not attending their appointments. The current text message service did not offer a translation system, however the practice was piloting a work around to enable them to send text messages in the patient's first language. All staff have completed accessible information standard training. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday to Friday	8am to 6:30pm
Appointments available:	
Monday to Friday	Appointments are available throughout the day, including home visits.
Evening and weekends	Patients can access appointments with GPs and nurses at a local hub as part of the extended access scheme. Appointments were available from Monday to Friday from 6.30pm to 9pm, at weekends and bank holidays.

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.
- During the Covid 19 pandemic the lead GP implemented a safe steps dashboard for nursing homes. The system enabled the GP to see patients who had symptoms of Covid, if anyone was deteriorating or not improving using a traffic light system. The outcomes for this activity was rapid identification of deterioration of patients to ensure they get timely care.
- 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.
- In recognition of the impact the Covid-19 pandemic has had on the ability to offer Spirometry, the practice were working with other local partners to re-establish this service in a safe environment.
- All parents or guardians calling with concerns about a child under 5 years old were clinically triaged within 24hrs of their contact.
- Patients at the practice can access a fortnightly contraception clinic. The clinic offers a full range of contraception including coil and implant fitting as well as HRT.
- The practice was able to book appointments for patients at the local extended hour hubs, located within the practice. Pre-bookable appointments were available to all patients in the evenings and at weekends as part of the extended hours scheme.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Patients presenting with any severe mental health problems are either offered a same day appointment with a clinician where available or signposted to RAID.
- People in vulnerable circumstances were easily 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.
- The practice is part of the special allocation scheme and registered patients removed from their current practices as a result of serious incidents. Protocols were in place to keep staff and patients safe.
- The practice is in the process of reviewing signage within practices and the recall letters sent to patients to improve communication and accessibility. For example, for those with dyslexia and dementia letters will be sent on cream/yellow paper after a successful pilot in another practice.

Access to the service

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

The COVID-19 pandemic has affected access to GP practices and presented many challenges. In order to keep both patients and staff safe early in the pandemic practices were asked by NHS England and Improvement to assess patients remotely (for example by telephone or video consultation) when contacting the practice and to only see patients in the practice when deemed to be clinically appropriate to do so. Following the changes in national guidance during the summer of 2021 there has been a more flexible approach to patients interacting with their practice. During the pandemic there was a significant increase in telephone and online consultations compared to patients being predominantly seen in a face to face setting.

	Y/N/Partial
Patients had timely access to appointments/treatment and action was taken to minimize 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	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">• The practice offered patients a choice of telephone or face to face appointments where preferred. Patients could also use the online consultation service.• The practice offered a range of appointments which could be pre booked up to three weeks in advance online, booked on the telephone or in person. They offered telephone consultations, giving patients an appointment time to expect the call.• The practice uses the patient newsletter to communicate changes, promote online services and share data on the number of remote appointments and face to face appointments offered, but also shared data on the number of patients who did not attend appointments.	

National GP Patient Survey results

Indicator	Practice	CCG average	England average	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 (01/01/2021 to 31/03/2021)	62.2%	N/A	67.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2021 to 31/03/2021)	57.6%	63.8%	70.6%	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 (01/01/2021 to 31/03/2021)	63.6%	62.0%	67.0%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2021 to 31/03/2021)	75.0%	77.2%	81.7%	No statistical variation

Source	Feedback
For example, NHS Choices	We noted in 2021 two positive comments were placed on NHS choices website. Patients commented that the staff are caring, helpful and friendly.

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.	5
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
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"> • During the period April 2021-March 2022, the practice received five formal complaints. • All complaints are directed to a central team with a central telephone number and email address. Any complaints that can be resolved within 48 hours are passed to the practice manager for them to investigate and provide their findings to the complaints team. Clinical complaints are sent to the governance team for clinical independent review. • All complaints are logged centrally and were categorised, risk rated, and outcomes documented to enable themes and trends to be analysed. Complaints were reviewed and incorporated into the annual feedback review. Complaint themes are discussed in practice meetings and wider forums to share learning. • In addition to complaints the organisation also record and monitor positive and adverse feedback from other sources, for example comments left on NHS choices or feedback via Healthwatch. Feedback is analysed and reported on as part of the annual review. 	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient who had left the practice complained about a breach of personal data and that a telephone call recording had been tampered with.	The complaint was investigated by a gtd GP advisor. The calls were reviewed and no breach of personal data was found. The practice worked with the telephone provider to identify if any calls had been tampered with and the provider confirmed none of the calls had been manipulated. The complaint was not upheld.
A request was made by a patient to a receptionist, requesting a referral to the early pregnancy unit (EPU). The patient complained the receptionist advised that the patient needed to contact the midwife, however they had been advised the practice should complete a referral to the EPU.	A formal investigation took place and an apology given to the patient. Reception staff were reminded of the process to follow when a patient requires a referral to the EPU.

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">The practice is part of gtd Healthcare a not for profit organisation and they benefited from support from central teams, for example, human resources, the training academy and clinical leadership for guidance and support.The leadership team demonstrated the shared values, led by example and motivated staff. They understood the challenges and were addressing them. They had detailed action plans in place to make improvements, including a detailed COVID-19 recovery plan.The practice has undergone significant staffing changes in the last 12 months, with one salaried GP leaving, the practice nurse retiring and a change of practice manager. The practice took the opportunity to review the clinical staff team, by developing a multidisciplinary clinical team. The practice took action to address the challenges resulting from the changes. Resilience plans were in place to support staff and minimise any impact on patients. They upskilled staff and used locum staff to fill gaps whilst new staff were recruited and gained competencies to fulfil roles.There were effective processes to develop leadership capacity and skills, including planning for the future leadership of the service.	

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: <p>The practice had a clear vision to deliver high quality care and promote good outcomes for patients. Their vision and values reflected those of the provider gtd Healthcare and included, 'put patients first, give great quality care and contribute to the wellbeing of our local community'.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff felt respected, supported and valued. They were proud to work for the service and although the changes within the staff team had been a challenge. They told us of they felt supported and listened to and there were a range of support and development opportunities. • Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. • There was a culture of learning and development. • Details of how to contact the Freedom to Speak Up Guardian was clearly displayed in the practice. • There was a strong emphasis on the safety and wellbeing of all staff and this formed part of the organisation's wider strategy. Staff had access to a confidential employee assistance programme, which also provided a range of wellbeing advice and guidance via the practice website. • In 2021 there had been an organisation wide 'Year of Wellbeing' with a range of monthly events for staff to participate in, including Active April. As a result, there were plans in place for events to continue throughout 2022. 	

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

Source	Feedback
CQC staff feedback forms	We received feedback from six members of staff. Feedback was positive in relation to the culture of the practice, support and development opportunities.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> A comprehensive understanding of the performance of the practice was maintained with support from the gtd Healthcare data and medicines team. Staff understood local health needs and worked to meet those needs in partnership with the Primary Care Network. Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership. They had a wide range of methods to communicate with staff, including weekly briefings, monthly newsletters, and a range of forums for staff to participate in. 	

Managing risks, issues and performance

There were 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"> A programme of quality improvement, clinical and internal audits were used to monitor quality and to make improvements. 	

The practice had systems in place to continue to deliver services, respond to risk and meet patients' needs during the pandemic

	Y/N/Partial
The practice had adapted how it offered appointments to meet the needs of patients during the pandemic.	Y
The needs of vulnerable people (including those who might be digitally excluded) had been considered in relation to access.	Y
There were systems in place to identify and manage patients who needed a face-to-face appointment.	Y
The practice actively monitored the quality of access and made improvements in response to findings.	Y

There were recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Changes had been made to infection control arrangements to protect staff and patients using the service.	Y
Staff were supported to work remotely where applicable.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Following the COVID pandemic the practice carried out a review to identify areas of recovery to meet the needs of the patient population. There was a detailed action plan, including adapting the way in which patients can access services, increased focus on health campaigns and re-establishment of the patient participation group. 	

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"> Quality was overseen by a dedicated governance and data team who were also instrumental in supporting the organisation to achieve the goals set out in the organisational strategy. The information used to monitor performance and the delivery of quality care was accurate and useful. The data team analysed data and presented it via a red/amber/green (RAG) rated dashboard to the practice team which highlight areas that required action. 	

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

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and 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.	
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice produced a regular patient newsletter to communicate and update patients. Plans were in place to re-establish the patient participation group and recruit new members. The practice worked closely with other local practices as part of the Primary Care Network and other practice with the gtd Healthcare network. 	

Continuous improvement and innovation

There were 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"> There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and looked to develop in ways which supported the patient population. For example, they supported staff to develop and gain new skills, and they were exploring additional function for patient participation groups to include health champions. 	

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 practice's 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 women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women 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.