

Inspection Evidence Table

Jubilee Medical Group

(1-542777257)

Inspection Date: 17 May 2023

Date of data download: 12/04/+
2023

Overall rating: Good

At our previous inspections in February 2022, we rated the practice as requires improvement. This was because we found breaches of regulation in the Safe and Effective domains.

At this inspection we found the practice had made significant improvements. Breaches of regulation had been reviewed and processes changed or improved to show that systems and processes were working as intended. There had been a collective approach to ensuring that improvements within the practice were sustainable.

Safe

Rating: Good

At our previous inspection the practice was rated as requires improvement because:

- There was insufficient monitoring of a small number of patients who were prescribed medicines.
- A lack of monitoring of staff immunisation
- Recording of the investigation and action of significant events needed to be improved.
- The wider learning from significant events, complaints and safety alerts needed to be improved.
- We found gaps in processes relating to the monitoring of vaccine fridge temperatures.
- Staff recruitment files did not contain the required information.
- Medicine reviews and non-urgent referrals were not always completed in the required time frames.
- There was a lack of formalised staff clinical supervision.

At this inspection we found:

- Our remote searches of patient records showed that patients were being effectively and safely managed.
- The practice required all staff members to provide evidence of their immunisation status. This was recorded into a spreadsheet. Risk assessments had been completed for those staff members whose immunisation was not known or had declined the immunisation.
- The recording of significant events was clear and detailed. We saw that significant events, complaints and safety alerts were discussed at team meetings for the wider learning.
- Fridge temperatures were being monitored twice daily and recorded onto a spreadsheet. We found no gaps in the recording and staff we spoke with were aware of the process to follow if they noticed a gap in the spreadsheet or if a temperature went out of range.
- We reviewed 3 new staff members recruitment files and found the required information available.
- Patients who were prescribed medicines were being monitored and reviewed in the required timescales. Non urgent referrals were 1 week behind and were being monitored to ensure there were no further delays in sending.

- Clinical supervision had been formalised and included the salaried GPs.

Safety systems and processes

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

Safeguarding	Y/N/Partial
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Partners and staff were trained to appropriate levels for their role.	Y
There was active and appropriate engagement in local safeguarding processes.	Y
The Out of Hours service was informed of relevant safeguarding information.	Y
There were systems to identify vulnerable patients on record.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection we found:</p> <ul style="list-style-type: none"> • A newly recruited staff member had a pending DBS check but had been in post for 6 months. We noted there were no risk assessments undertaken while waiting to receive the DBS check results. • We found 6 members of non-clinical staff and 2 members of clinical staff had not completed both Children and Vulnerable Adults safeguarding training to the level required. <p>At this inspection we found:</p> <ul style="list-style-type: none"> • We reviewed 3 recruitment records for new staff members. We noted the staff members had either a DBS check on record or a risk assessment in place. • All staff had completed the required training for both Children and Vulnerable Adults safeguarding to the level required. 	

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> <p>At our previous inspection we found:</p> <ul style="list-style-type: none"> • Recruitment files for 4 new staff members did not contain all the information required. • There were gaps in the recording of staff immunisation. Where the practice had been unable to confirm the immunisation status of a staff member, a risk assessment had not been undertaken. 	

At this inspection we found:

- We reviewed 3 recruitment files for new staff. There was now a check list completed to ensure the required information was available for each staff member. For example, DBS checks, references, photographic identification, and contracts. We saw evidence of the required information for each new staff member.
- The practice held records of staff immunisations. Where required a risk assessment was in place if a staff member did not have or want an immunisation.

Safety systems and records	Y/N/Partial
Health and safety risk assessments had been carried out and appropriate actions taken.	Y
There was a fire procedure.	Y
Actions from fire risk assessment were identified and completed.	Y

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: February 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> <p>At our previous inspection we found:</p> <ul style="list-style-type: none"> • The training matrix showed that 21 members of staff had not completed Infection Prevention and Control training as required by the provider. <p>At this inspection we found:</p> <ul style="list-style-type: none"> • All staff had completed the required training for Infection Prevention and Control (IPC). A member of the nursing team was the lead for IPC. The practice was visibly clean and tidy. There was a cleaning policy that contained timetables and schedules for cleaning to be completed. 	

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
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection we found:</p> <ul style="list-style-type: none"> The training matrix showed that 37 members of staff had not completed their Basic Life Support (BLS) training and 28 members of staff had not completed sepsis training. <p>At this inspection we found:</p> <ul style="list-style-type: none"> The training matrix showed that 44 staff members had completed their sepsis training and 42 staff members had completed their BLS. We noted that BLS face to face training had also been booked for staff in June 2023. 	

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. 1	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> <p>At our previous inspection we found:</p> <ul style="list-style-type: none"> There was a backlog in sending referrals by around four weeks (around 300 referrals), but we were assured that all urgent referrals were completed the same day. After the inspection the practice sent us evidence that the backlog had reduced to 2 weeks. <p>At this inspection we found:</p> <ul style="list-style-type: none"> There was a monthly review of the time frames referrals were taking. If required, a weekly review was completed, and overtime offered to staff members to reduce the wait. The practice was able to evidence they were 1 week behind for sending referrals. All urgent referrals and 2 week wait suspected cancer referrals were processed and sent on the same day. 	

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) (01/01/2022 to 31/12/2022) (NHSBSA)	1.07	0.88	0.86	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). (01/01/2022 to 31/12/2022) (NHSBSA)	10.0%	8.2%	8.1%	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 (01/07/2022 to 31/12/2022) (NHSBSA)	6.24	5.69	5.24	Tending towards variation (negative)
Total items prescribed of Pregabalin or Gabapentin per 1,000 patients (01/07/2022 to 31/12/2022) (NHSBSA)	93.3‰	133.0‰	130.3‰	No statistical variation
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2022 to 31/12/2022) (NHSBSA)	0.45	0.58	0.56	No statistical variation
Number of unique patients prescribed multiple psychotropics per 1,000 patients (01/07/2022 to 31/12/2022) (NHSBSA)	6.4‰	6.8‰	6.8‰	No statistical variation

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

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of effective medicines reviews for patients on repeat medicines.	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, including from clinical searches.</p> <p>At our previous inspection we found:</p> <ul style="list-style-type: none"> No evidence of clinical supervision other than those in training. We were informed that for staff not in training this was more informal and not recorded. <p>At this inspection we found that:</p> <ul style="list-style-type: none"> We saw evidence of formal clinical supervision which was being recorded. Salaried GPs were attending clinical supervision as well as the paramedic practitioner and clinical pharmacist. We saw a schedule of clinical supervision between the GP partners and other clinical staff. <p>Our previous searches indicated:</p> <ul style="list-style-type: none"> Four patients prescribed a medicine to treat rheumatoid arthritis had not been monitored in line with current guidance. Three patients prescribed medication used to treat and prevent a number of types of cardiac dysrhythmias, did not have a recent thyroid function test and 2 patients did not have a recent liver function test. We reviewed 5 patients notes with a diabetic complication that affects the eyes, who had a blood glucose (sugar) level above the recommended range. We found 3 patients had not had a medication review since their last blood glucose test and 2 patients had not had a diabetic review. We reviewed 5 patients notes with hypothyroidism that indicated they had not had their thyroid function test for 18 months. We found that 3 patients had not been identified as being overdue for their thyroid function test and no action had been taken. We found gaps in the recording of temperature monitoring, for a fridge used to store vaccines. <p>At this inspection we found:</p>	

- All patients prescribed a medicine to treat rheumatoid arthritis had the required monitoring in line with current guidance.
- All patients prescribed medication used to treat and prevent a number of types of cardiac dysrhythmias, had the required monitoring in line with current guidance.
- We reviewed 2 patients notes with a diabetic complication that affects the eyes, who had a blood glucose (sugar) level above the recommended range. We found both patients were being monitored as required and had the appropriate reviews.
- We reviewed 2 patients notes with hypothyroidism that indicated they had not had their thyroid function test for 18 months. We reviewed in detail the patient notes and found that both patients had been sent reminders to attend for a blood test.
- The documentation for recording fridge temperatures had changed. The new document, a spreadsheet, meant that it was easier to check if the recording of the temperature had been missed. We also saw evidence of a monthly audit of the spreadsheet to ensure none had gone out of range and no days had been missed. This ensured the safe storage of medicines.

The provider recorded medicine reviews. However, documenting more detail in the review would be beneficial.

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:	40
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection we found:</p> <ul style="list-style-type: none"> • Staff had not always understood what constituted a significant event. • Details of the actions taken for significant events were not always recorded and we could find no evidence of a wider shared learning with staff. <p>At this inspection we found:</p> <ul style="list-style-type: none"> • Staff had discussed what constituted a significant event in team meetings. Staff we spoke with were able to tell us of significant events that had been raised and the learning from them. We saw evidence of a significant events presentation given by management to staff. • Significant events were a standing agenda item on staff meetings. We saw evidence of detailed records of the event and the action taken. All staff were able to review significant event and told us they were encouraged to review them for their own learning. 	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Specimens Not Collected from Surgery	Practice delivered specimens instead to ensure there was no delay and patients did not need to return to repeat the test. Agreed by staff to call the pathology laboratory sooner if the driver did not arrive at the normal time to collect.
Fire outside New Ash Green Surgery	Fire alarm activated and fire brigade called. The building was evacuated. Staff used fire extinguishers along with buckets of water (informed that no fire engines were in the area due to other local fires due to intense hot weather). Fire was extinguished safely and fire alarms re-set. Agreed to install an external water tap.

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
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection we found:</p> <ul style="list-style-type: none"> We saw no evidence of a wider shared learning from safety alerts. During our patient searches we found patients who had not been prescribed medication in line with an alert issued by The Medicines and Healthcare products Regulatory Agency in 2014. This alert had not been reviewed retrospectively to keep patients safe. <p>At this inspection we found:</p> <ul style="list-style-type: none"> Safety alerts were received and acknowledged by all of the GPs and the lead pharmacist. These were also recorded on to the practices computer system. The lead pharmacist completed searches of patients if they were affected by an alert and any action required was completed. We saw evidence of a calendar of safety alerts audits being run on a 2 monthly basis where required. Clinical staff we spoke with were aware of safety alerts and told us these were discussed at clinical team meetings. During our patient searches we reviewed the same safety alert as our last inspection. We saw that where patients were still being prescribed the medication, the risk had been identified and had been discussed with the patient. We found no concerns from the searches we conducted for other safety alerts. 	

Effective

Rating: Good

At our previous inspection the practice was rated as requires improvement because:

- Staff training was not up to date.
- Clinical Supervision needed to be formalised and recorded.

At this inspection we found:

- Staff training was up to date.
- Clinical Supervision was formalised and recorded.

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
The practice prioritised care for their most clinically vulnerable patients	Y
Explanation of any answers and additional evidence:	
The practice was able to refer patients to the Vague and Indeterminate Signs and Symptoms Clinic VISS. This clinic was for patients who had tests results or presented with symptoms that concerned the GP but where there was no obvious cause, and which may be due to an underlying malignancy. This ensured that patients	

who did not meet the criteria for 2 week wait suspected cancer referrals could still be seen urgently and possible have cancer detected earlier, in order to improve patient outcomes.

We found the practice had systems and processes in place that ensured patient monitoring and medicine reviews were appropriately managed such as high risk medicines, and some long term conditions. However, we found a small number of patients with long term conditions such as hypothyroidism or diabetes who had not always received the appropriate follow up care in the appropriate timeframe. The practice was aware of this and had arranged a clinical pharmacy review of these patients.

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.• 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. 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.• 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 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 mental illness, severe mental illness, and personality disorder.• Patients with poor mental health, including dementia, were referred to appropriate services

Management of people with long term conditions

Findings
<ul style="list-style-type: none">• 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.• 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.• GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.• The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example 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.

Child Immunisation	Numerator	Denominator	Practice	Comparison to WHO target of 95%
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib), Hepatitis B (Hep B) (i.e. three doses of DTaP/IPV/Hib/HepB) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	130	139	93.5%	Met 90% minimum
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	118	133	88.7%	Below 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) (01/04/2021 to 31/03/2022) (UKHSA COVER team)	118	133	88.7%	Below 90% minimum
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)	118	133	88.7%	Below 90% minimum
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)	145	172	84.3%	Below 90% minimum

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

Any additional evidence or comments
The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary. The practice was also able to contact the Children's Health and Wellbeing Navigator for support.

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)	64%	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)	75.6%	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). (30/09/2022 to 30/09/2022) (UKHSA)	73.8%	N/A	80.0%	Below 80% target
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2021 to 31/03/2022) (UKHSA)	52.7%	57.4%	54.9%	No statistical variation

Any additional evidence or comments

The practice continued to review the uptake of cervical screening. Nurses ran cervical screening clinics, as well as providing ad hoc cervical screening. The practice contacted eligible patients for cervical screening via a letter and a phone call to encourage patients to attend their appointments. Non-attenders were flagged on the patient's record so that the screening test could be discussed opportunistically. The practice was able to offer evening and weekend appointments.

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
We found there was a comprehensive programme of clinical audit and second cycle audits. For example, there were audits of prescribing and medicines management audits undertaken. We saw the practice had also undertaken audits for new cancer diagnosis pathways, cervical screening for patients with a learning disability, asthma, chronic obstructive pulmonary disease, and chronic kidney disease.	

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y

Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection we found:</p> <ul style="list-style-type: none"> • There were gaps in staff mandatory training. This included Fire Safety, Health and Safety training, Dementia Awareness training Mental Capacity Act training or Deprivation of Liberties training. • Clinical supervision was not documented. <p>At this inspection we found:</p> <ul style="list-style-type: none"> • We reviewed the training matrix and staff had completed their mandatory training. Staff we spoke with told us they complete training where possible during their protected learning time and were reminded when their training was due. • We saw documented evidence of clinical supervision. 	

Coordinating care and treatment

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

	Y/N/Partial
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice was taking part in the NHS Community Pharmacy Consultation Service. The GP triaging appointments requested by an online form was able to refer patients for a same day appointment with a local community pharmacist. Community pharmacists were trained to assess, give advice, and treat common conditions such as minor illnesses.</p> <p>One of the GP Partners was an Esther ambassador. The Esther methodology is a Swedish model of care which strives to improve patient care for the elderly. Under this model the patient has the right to:</p> <ul style="list-style-type: none"> • Be involved in his or her own health and social care • Access to good care in or near their own home • An individual care plan which is updated regularly • Equal treatment regardless of where his or her home is situated • Experience all relevant health and social care providers as one service 	

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 was in the process of completing patient medical reviews during their birthday month. This would ensure the patient only needed to attend for one appointment to discuss all medical conditions. It would also ensure that patients would be aware of when their annual reviews were.	

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

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: Staff at the reception desk were observed to engage with patients in a professional and supportive manner. Training records confirmed staff were supported to complete training in key areas such as equality and diversity and privacy, dignity, and respect. This helped staff to understand antidiscriminatory behaviour and the importance of treating people with compassion.	

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 (01/01/2022 to 30/04/2022)	68.3%	82.1%	84.7%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2022 to 30/04/2022)	64.8%	80.8%	83.5%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2022 to 30/04/2022)	85.8%	92.0%	93.1%	Tending towards variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2022 to 30/04/2022)	35.8%	66.8%	72.4%	Significant variation (negative)
Any additional evidence or comments				

The practice was aware of their patient survey figures and had taken immediate action to improve. Updated results from the new GP patient survey have not been released and we are unable to include any new figures here. However, the practice had meet with the Health Outcomes Improvement & Performance Team at the Integrated Care Board (ICB) to review the results.

Because of feedback the practice had change their appointment process. This now meant that patients booked appointments via an online appointment form, and these were triaged the same day by a GP. Appointments were either given on the day for anything urgent or a future appointment given for routine appointments. There was also a new phone system that allowed patients to be aware of where they were in the phone queue.

The practice had taken part in local roadshows to explain the 'new way of working' and to introduce the wider team and their roles to their patients.

The practice had also supported an event with the children's health and wellbeing navigator to support parents with children who are on the ASD/ ADHD spectrums. This was a walk-in event where parents and carers could speak with a care navigator who was able to signpost appropriate service to provide the best support and advice.

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

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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had created a poster which explained the different roles and specialisms that patients could see instead of the GP. For example:</p> <ul style="list-style-type: none"> • Paramedic Practitioner (coughs/colds/sore throats, infections, UTI's), • In House Clinical Pharmacist (medication queries, medication reviews, diabetic reviews, hypertension reviews) • Mental Health Practitioner (anxiety, low mood, depression, mental health issues) • Musculoskeletal health (MSK) (joint pain, joint injection clinics, referrals to secondary care, referral for X-Ray or Ultrasound) • Social Prescriber (finding service for the patient's needs or support required) 	

Source	Feedback
Friends and Family Test	74% of patients were extremely likely/likely to recommend the GP practice to friends and family if they needed similar care or treatment.

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2022 to 30/04/2022)	84.5%	89.0%	89.9%	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice website had an accessibility menu where text could be enlarged or be changed to be dyslexia friendly. The website could also be changed to various languages.</p> <p>The practice had created a specific page on their website entitled Health and Wellbeing Centre. This included links to self-assessment forms and organisations such as Age UK, Carers advice, Common childhood illnesses and wellbeing, plus there was an index of charity websites.</p> <p>The reception area at each location had a poster explaining the translations services available in the most common non-English languages for the practice. When booking into the self-service system patients were able to choose the language they wished to use.</p> <p>At each of the practices' locations there was a TV screen displaying relevant information about the surgery. We noted it currently included information about:</p> <ul style="list-style-type: none"> • Online appointment forms • Repeat prescriptions • New medication from hospitals • Private prescriptions • Who the staff were and their roles • Opening hours for both sites • Facebook page • Zero tolerance • Where to get COVID19 boosters • New child immunisations • Electronic repeat dispensing information • Event information - such as the PPG's health and wellbeing day. 	

Carers	Narrative
Percentage and number of carers identified.	At the time of this inspection, the practice told us 398 patients were identified as being carers. This represented 2.5% of the practice population.

	A carer is anyone who looks after a family member, partner or friend who needs help because of their illness, frailty, disability, mental health needs or drug or alcohol problem and cannot cope without their support. The care they give is unpaid.
How the practice supported carers (including young carers).	Carers were identified through registration processes and by the clinicians during consultations. Information with support and details of other agencies was given to carers to ensure they had access to any support they needed.
How the practice supported recently bereaved patients.	Staff told us that if families had suffered bereavement, the practice contacted them. This may be followed by a patient consultation 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

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

Practice Opening Times		
	Kent House	New Ash Green
Monday	8am - 6.30pm	8am - 6.30pm
Tuesday	8am - 6.30pm	8am - 6.30pm
Wednesday	8am - 6.30pm	8am - 6.30pm
Thursday	8am - 6.30pm	8am - 6.30pm
Friday	8am - 6.30pm	8am - 6.30pm

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

- Patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- The provider was responsive to the needs of older patients and offered home visits (conducted by paramedics) and urgent appointments for those with enhanced needs and complex medical issues. The provider also had a system in place to ensure care home residents received clinical review by a paramedic if needed.
- 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 young child were offered a same day appointment when necessary.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode such as homeless people and Travelers.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

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 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 (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> <p>All appointment requests for urgent or routine appointments were requested using an online form. Patients unable to use a digital platform could call the practice and a form could be completed with the patient and a member of staff. There were also printed copies at reception for patients to complete. All online form requests were then triaged by a doctor, who would decide the most appropriate clinician to deal with the problem and within what timeframe. If the problem was urgent and needed to be dealt with on the day, the patient was phoned with an appointment time. If the problem was routine, the patient would receive a text or a telephone call within 48 hours with a future appointment time. Appointments could be either face-to-face or via telephone consultation, depending on the problem. Patients could also be offered advice and guidance via text or have an appointment booked with the NHS Community Pharmacist Consultation Service. All appointments for nurses or healthcare assistant procedures could be booked either by telephone or by going into reception.</p> <p>The practice website showed monthly figures for the number of appointments. We noted that for April 2023 the practice had completed 7,200 appointments. 3,288 were telephone consultation and 3,622 were face to face appointments. In that month the practice had received 7,832 telephone calls (roughly 392 call per day) and 2,767 online appointment forms. There had been 212 patients who had not attended for their appointment.</p>	

National GP Patient Survey results

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

Indicator	Practice	SICBL average	England	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2022 to 30/04/2022)	7.4%	N/A	52.7%	Significant variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2022 to 30/04/2022)	28.5%	48.6%	56.2%	Variation (negative)

The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2022 to 30/04/2022)	18.1%	48.2%	55.2%	Significant variation (negative)
The percentage of respondents to the GP patient survey who were satisfied with the appointment (or appointments) they were offered (01/01/2022 to 30/04/2022)	46.2%	68.2%	71.9%	Variation (negative)

Any additional evidence or comments

The National GP Patient Survey results figures are from January 2022 to April 2022. In October 2022 the practice changed their appointment system to online appointment forms. New patient survey results have yet to be published.

The provider was aware of their low scores from the patient survey. The practice meet with the Health Outcomes Improvement & Performance Team at the Integrated Care Board (ICB) to review the results. They discussed some of the issues regarding patient demand. The provider set up an Appointments Working Group. An action plan was created and monitored to ensure improvements. For example, the provider changed the appointment system in October 2022. All appointments (with the exception of nursing appointments) were requested via an online appointment form. These were then triaged by a GP to ensure patients were seen by the most appropriate clinician within the most clinically appropriate timescale. Staff had completed further training to include Care Navigation to aid signposting patients. (Care navigation makes the best use of GP practice and wider primary care resources to help patients be seen by the right person, at the right time and in the right place. Effective care navigation increases GP capacity and improves outcomes and the overall care experience for people, families, and staff). All of the changes were communicated to the patients to ensure they were aware of the new ways to book appointments. For example, messages via the TV screens in the waiting rooms, website, and Facebook.

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.	87
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
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
Explanation of any answers and additional evidence:	

We noted an open culture in which all complaints were highly valued as being integral to learning and improvement. Shared learning was communicated widely to support improvement. We saw that where possible one of the managers and a partner GP spoke with a complainant face to face. We saw feedback at how the patients appreciated this and felt listened to and the complaint dealt with in a responsive manner.

The practice had a complaints policy in place which clearly outlined the complaints process. This was accessible to patients within waiting areas, upon request from reception and on the practice website. The practice kept a record of all complaints received and any action taken as a result of complaints. Staff we spoke with were aware of how to support patients to make a complaint.

Examples of learning from complaints.

Complaint	Specific action taken
Staff talking or acting in a rude manner	Staff navigation training Role play 1-2-1 Staff to listen to calls and discuss with manager how things could be improved
Online appointment form	Discussed the processes during patient open days. 'How to' video shown on TV in waiting room and web page. Easy guide displayed at reception.

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: Leaders were aware of the improvements needed and practice staff had worked as a team to improve processes to ensure they were working as intended. There was an understanding of what the challenges were, and leaders had put actions in place to address them.	

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

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

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

Source	Feedback
Staff interviews via Teams meetings.	Staff members told us there was a friendly and supportive environment to work in. They told us leaders, managers and GPs were approachable.
Face to face conversations.	Staff members told us how they felt supported by the whole team. Staff members commented positively on the opportunities to learn and develop.
Staff questionnaires via email.	We were told that ideas and suggestions were welcomed by leaders, and we heard of examples where suggestions had been acted upon. However, we also received 2 negative comments. We were informed that they felt there was too much work and they felt not listened to when this was discussed. They felt there was a lack of support, no appreciation, and lack of planning and continuity. We fed this information back to the management team who told us they were aware of the some of the concerns raised and had already discussed this with partners. They were receptive to the information we gave them and wanted to ensure that staff felt they could speak up openly and felt listened to when they had any concerns and that these were acted on.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
There are recovery plans in place to manage backlogs of activity and delays to treatment.	Y
Explanation of any answers and additional evidence: Structures, processes and systems of accountability were clearly set out, understood and effective. Staff were clear about their roles and accountabilities.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a quality improvement programme in place.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to monitor and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Staff whose responsibilities included making statutory notifications understood what this entailed.	Y
Explanation of any answers and additional evidence: The information used in reporting, performance management and delivering quality care was valid, reliable, and relevant. Leaders and staff monitored and reviewed information to enable them to challenge and improve performance of the practice.	

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

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.	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
Explanation of any answers and additional evidence:	
Because of patient feedback the practice changed the way appointments were booked and now had a GP triaging all appointment requests via an online form. The practice had also updated their telephone system.	

Feedback from Patient Participation Group (PPG).

Feedback
We had feedback from the PPG which was positive. They told us there was a close working relationship with the practice. Practice management regularly attended meetings and provided details in numbers of appointments and key pressures.
The PPG helped to advise the practice on how best to communicate changes to patients in relation to the change in access. In response to this the PPG organised an engagement day for the practice to talk to patients face to face during March 2023.
They told us the practice listened to issues and tried to work out a solution together. The PPG was able to share intelligence from local people, including social media where patients felt they could not get an appropriate appointment.
The PPG was organising another health and wellbeing day on 30 September where the practice was going to attend.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
<p>Explanation of any answers and additional evidence:</p> <p>One of the GP Partners was an Esther ambassador. (The Esther methodology is a Swedish model of care which strives to improve patient care for the elderly)</p> <p>The practice was routinely using the NHS Community Pharmacist Consultation Service (CPCS) and was asked to give a talk and advice to other practices in how to utilise this new service.</p> <p>The practice was able to refer patients to the Vague and Indeterminate Signs and Symptoms Clinic (VISS).</p> <p>The practice was planning to use the Daffodil Standards. The Daffodil Standards provide an evidence-based framework to help practices self-assess and consistently offer the best end of life and bereavement care for patients.</p> <p>The practice was supporting the training at care homes for RESTORE2 which is a physical deterioration and escalation tool for care/nursing homes based on nationally recognised methodologies.</p> <p>The practice had embraced technology and was using:</p> <ul style="list-style-type: none"> • Accurx video calls, photo and document sharing as well as providing information to patients including counselling services and voluntary sector services. • Online forms for consultation and triage. • Arden's patient safety protocols and COVID templates and searches • Technology embedded in to care homes to enable remote monitoring of unwell residents and rapid response by practice. (DOCABO pilot). • APEX and Eclipse (Business Management and Audit Tools) to help identify high risk patients. • Healthy.io project for home urine albumin to creatinine ratio (ACR) tests (healthy.io transforms smartphone cameras into a medical device to deliver healthcare). <p>The practice was investigating ways to support deaf, blind & LGBTQ+ communities. They planned to contact patients and experts in understanding concerns and barriers to care.</p> <p>Staff told us that the practice was open to learning and they could request to go on external courses were relevant.</p>	

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average. Note that practices that have “Met 90% minimum” have not met the WHO target of 95%.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules-based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.
- The percentage of 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.