

# Care Quality Commission

## Inspection Evidence Table

### Brannam Medical Centre (1-542166045)

Inspection date: 4 May 2018

Date of data download: 01 May 2018

## Safe

### Safety systems and processes

| Source   | Y/N |
|--|-----|
| There was a lead member(s) of staff for safeguarding processes and procedures.   | Yes |
| Safety and safeguarding systems, processes and practices were developed, implemented and communicated to staff.  | Yes |
| Policies were in place covering adult and child safeguarding. They were updated and reviewed and accessible to all staff.  | Yes |
| Partners and staff were trained to appropriate levels for their role (for example level three for GPs, including locum GPs)  | Yes |
| The practice worked in partnership with other agencies to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect. Information about patients at risk was shared with other agencies in a timely way. | Yes |
| Systems were in place to highlight vulnerable patients on record. There was a risk register of specific patients   | Yes |
| Reports and learning from safeguarding incidents were available to staff.  | Yes |
| Disclosure and Barring Service (DBS) checks were undertaken where required   | Yes |
| Staff who acted as chaperones were trained for the role and had a DBS check.   | Yes |
| Explanation of any 'No' answers:<br>N/A  |     |

| Recruitment Systems  | Y/N |
|--|-----|
| The registered person provided assurances that safety was promoted in their recruitment practices.   | Yes |
| Recruitment checks were carried out in accordance with regulations (including for agency staff, locums and volunteers).                    | Yes |
| Staff vaccination was maintained in line with current PHE guidance and if relevant to role.  | Yes |
| Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored. | Yes |
| Staff who require medical indemnity insurance had it in place  | Yes |
| Explanation of any 'No' answers:<br>N/a  |     |

| Safety Records   | Y/N |
|--|-----|
| <p>There was a record of portable appliance testing or visual inspection by a competent person<br/>Date of last inspection/Test: 8 October 2016</p>  | Yes |
| <p>There was a record of equipment calibration<br/>Date of last calibration: 8 June 2017</p>   | Yes |
| <p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>   | Yes |
| <p>Fire procedure in place</p>   | Yes |
| <p>Fire extinguisher checks</p>  | Yes |
| <p>Fire drills and logs</p>  | Yes |
| <p>Fire alarm checks</p>   | Yes |
| <p>Fire training for staff</p>   | Yes |
| <p>Fire marshals</p>   | Yes |
| <p>Fire risk assessment<br/>Date of completion October 2017</p>  | Yes |
| <p>Actions were identified and had not yet been completed.<br/>Actions identified in the fire risk assessment were to interlink smoke detectors. The practice manager told us this work was due to be completed by September 2018. Smoke alarms were seen to be independently in good working order</p>  | No  |
| <p>Additional observations:<br/>The practice had submitted an application for an extension to the building and was awaiting the outcome from the local authority.</p>  |     |
| <p><b>Health and safety</b><br/>Premises/security risk assessment?<br/>Date of last assessment: April 2018</p>   | Yes |
| <p>Health and safety risk assessment and actions<br/>Date of last assessment: April 2018</p>   | Yes |
| <p>Additional comments:<br/>There was an accident reporting system in place, demonstrating staff understood and followed the process. A needle stick injury was reported in December 2017. The infection control policy had been followed to protect the member of staff. The accident was reviewed to establish whether it could have been avoided.</p> |     |



| Infection control  | Y/N |
|--|-----|
| <p>Risk assessment and policy in place<br/> Date of last infection control audit: April 2018<br/> The provider acted on any issues identified</p> <p>Detail:<br/> The practice found a specimen fridge had been used occasionally to store patient named medicines in sealed bags waiting for collection. The specimen fridge had been designated for the storage of specimens only and all staff made aware of this. At the inspection, we found the fridge only contained specimens as designated.</p> | Yes |
| The arrangements for managing waste and clinical specimens kept people safe?   | Yes |
| <p>Explanation of any 'No' answers:<br/> N/a</p>   |     |

| Any additional evidence   |
|---|
| <p>A nurse lead had responsibility for management of infection control systems, regularly carrying out audits throughout the year. These included a monthly environmental audit in conjunction with the contractor and sharps, waste and hand hygiene audits. Minor surgery infection rates for patients were closely monitored, found to be low and reported upon as a standing item at meetings with GPs.</p> |

## Risks to patients

| Question   | Y/N |
|--|-----|
| The practice had systems in place to monitor and review staffing levels and skill mix.   | Yes |
| There was an effective approach to managing staff absences and busy periods.   | Yes |
| Comprehensive risk assessments were carried out for patients and risk management plans were developed in line with national guidance | Yes |
| Staff knew how to respond to emergency situations.   | Yes |
| Receptionists were aware of 'red flag' sepsis symptoms that might be reported by patients and how to respond.                        | Yes |
| The practice had equipment available to enable assessment of patients with presumed sepsis.  | Yes |
| There were systems in place to enable the assessment of patients with presumed sepsis in line with NICE guidance.                    | Yes |
| The impact on safety was assessed and monitored when the practice carried out changes to the service or the staff.                   | Yes |
| Explanation of any 'No' answers:<br>N/a  |     |

## Information to deliver safe care and treatment

| Question  | Y/N |
|---|-----|
| Individual care records, including clinical data, were written and managed in line with current guidance and relevant legislation.  | Yes |
| The care records we saw demonstrated that information needed to deliver safe care and treatment was made available to relevant staff in an accessible way.                          | Yes |
| Referral letters contained specific information to allow appropriate and timely referrals.  | Yes |
| Referrals to specialist services were documented.   | Yes |
| The practice had a documented approach to the management of test results and this was managed in a timely manner.   | Yes |
| The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols. | Yes |
| Explanation of any 'No' answers:<br>N/a   |     |

## Safe and appropriate use of medicines

| 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).(01/07/2016 to 30/06/2017)(NHSBSA) | 0.87     | 0.96        | 0.98            | Comparable to other practices |
| Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones.(01/07/2016 to 30/06/2017) (NHSBSA)                                  | 9.4%     | 10.6%       | 8.9%            | Comparable to other practices |

| Medicine Management   | Y/N |
|---|-----|
| 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.   | Yes |
| Staff had the appropriate authorisations in place to administer medicines (including PGDS or PSDs).   | Yes |
| Prescriptions (pads and computer prescription paper) were kept securely and monitored.  | Yes |
| There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.                 | Yes |
| The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).  | Yes |
| There were arrangements for raising concerns around controlled drugs with the NHS England Area Team CD Accountable Officer.   | Yes |
| If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance. | N/a |
| Up to date local prescribing guidelines were in use. Clinical staff were able to access a local microbiologist for advice.  | Yes |
| For remote or online prescribing there were effective protocols in place for identifying and verifying the patient in line with GMC guidance.   | Yes |
| The practice held appropriate emergency medicines and .risk assessments were in place to determine the range of medicines held.   | Yes |
| The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases   | Yes |
| There was medical oxygen on site<br>The practice had a defibrillator<br>Both were checked regularly and this was recorded.  | Yes |
| Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.   | Yes |

Explanation of any 'No' answers:

N/a

### Track record on safety and lessons learned and improvements made

| Significant events  | Y/N |
|---|-----|
| There was a system for recording and acting on significant events       | Yes |
| Staff understood how to report incidents both internally and externally | Yes |
| There was evidence of learning and dissemination of information         | Yes |
| Number of events recorded in last 12 months.                            | 30  |
| Number of events that required action                                   | 19  |

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

| Event   | Specific action taken   |
|---|---|
| Travel vaccine was delivered and there was a delay in refrigeration which could have affected the cold chain.   | Nursing staff contacted the manufacturer for advice about the length of break in the cold chain of the vaccine. The named patient for whom the vaccine had been ordered was then contacted and advice from the manufacturer conveyed. Options were given to the patient with regard to using the vaccine. Ordering systems for vaccines were changed so reception and the nursing team shared access to information. The change enabled staff to track when and what vaccines had been ordered and were due for delivery. |
| Patient collapse due to cardiac arrest requiring resuscitation. The practice did not have privacy screening so had to improvise during this event for the patient.                          | A full review of the incident took place after successful resuscitation of the patient. The staff had acted calmly, followed procedures and had put the recent training into action. The practice decided to always hold two sets of defibrillator pads on the emergency trolley and privacy screening had been ordered.  |
| Certain named patients had missed a six monthly injection as part of their treatment for prostate cancer. The patients had missed appointments, which had not then been rebooked with them. | Patients were advised of the delayed injection and SEA process of review. New systems were put into place with additional checks made of all patients on this register by named staff. Audits of all appointments where a patient did not attend were being carried out and followed up.  |

| Safety Alerts   | Y/N |
|---|-----|
| There was a system for recording and acting on safety alerts  | Yes |
| Staff understand how to deal with alerts  | Yes |
| <p>Comments on systems in place:<br/>           There was an effective system in place managed by the practice manager and a lead GP. The GP viewed all alerts and it was clearly recorded whether action was required or not. If action was required</p> |     |

this was assigned to an appropriate member of staff and recorded when the action had been completed. The alerts were regularly audited to ensure that action had been taken where required. All the alerts were stored in a file which was accessible by staff should they need to refer to them.

#### **Any additional evidence**

We saw an audit carried out following a safety alert, which identified potential risks to women of childbearing age prescribed sodium valproate (medicine used to treat epilepsy). In 2017, the practice identified all childbearing female patients who were prescribed sodium valproate and reviewed them. GPs advised the patients of the associated risks during pregnancy and made changes to their treatment where necessary.

# Effective

## Effective needs assessment, care and treatment

| Prescribing   |                      |             |                 |                               |
|---|----------------------|-------------|-----------------|-------------------------------|
| Indicator   | Practice performance | CCG average | England average | England comparison            |
| Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). (01/07/2016 to 30/06/2017) (NHSBSA) | 1.10                 | 1.05        | 0.90            | Comparable to other practices |

| Diabetes Indicators  |  |                    |                        |                               |
|--|--|--------------------|------------------------|-------------------------------|
| Indicator  | Practice performance                           | CCG average        | England average        | England comparison            |
| The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QoF)                        | 85.1%  | 81.7%              | 79.5%                  | Comparable to other practices |
| QoF Exceptions   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                               |
|  | 21.3% (200)                                    | 13.7%              | 12.4%                  |                               |
| Indicator  | Practice performance                           | CCG average        | England average        | England comparison            |
| The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QoF) | 82.4%  | 76.6%              | 78.1%                  | Comparable to other practices |
| QoF Exceptions   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                               |
|  | 9.2% (86)                                      | 12.1%              | 9.3%                   |                               |
| Indicator  | Practice performance                           | CCG average        | England average        | England comparison            |
| The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QoF)  | 77.6%  | 81.2%              | 80.1%                  | Comparable to other practices |
| QoF Exceptions   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                               |
|  | 20.5% (192)                                    | 15.8%              | 13.3%                  |                               |



| Other long term conditions   |  |                    |                        |                               |
|--|--|--------------------|------------------------|-------------------------------|
| Indicator  | Practice                                       | CCG average        | England average        | England comparison            |
| The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions. <b>(01/04/2016 to 31/03/2017)</b> (QOF) | 73.8%  | 76.6%              | 76.4%                  | Comparable to other practices |
| QOF Exceptions   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                               |
|  | 2.2% (27)                                      | 11.3%              | 7.7%                   |                               |
| Indicator  | Practice                                       | CCG average        | England average        | England comparison            |
| The percentage of patients with COPD who had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)    | 91.1%  | 89.9%              | 90.4%                  | Comparable to other practices |
| QOF Exceptions   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                               |
|  | 7.2% (27)                                      | 13.0%              | 11.4%                  |                               |
| Indicator  | Practice                                       | CCG average        | England average        | England comparison            |
| The percentage of patients with hypertension in whom the last blood pressure reading (measured in the preceding 12 months) is 150/90 mmHg or less <b>(01/04/2016 to 31/03/2017)</b> (QOF)  | 84.5%  | 84.1%              | 83.4%                  | Comparable to other practices |
| QOF Exceptions   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                               |
|  | 5.2% (101)                                     | 5.2%               | 4.0%                   |                               |
| Indicator  | Practice                                       | CCG average        | England average        | England comparison            |
| In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy. <b>(01/04/2016 to 31/03/2017)</b> (QOF)    | 80.4%  | 89.7%              | 88.4%                  | Comparable to other practices |
| QOF Exceptions   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                               |
|  | 15.7% (52)                                     | 8.5%               | 8.2%                   |                               |

| Child Immunisation   |           |             |            |  |
|--|-----------|-------------|------------|--|
| Indicator  | Numerator | Denominator | Practice % | Comparison to WHO target                                     |
| Percentage of children aged 1 with completed primary course of 5:1 vaccine. <b>(01/04/2016 to 31/03/2017)</b> (NHS England)  | 143       | 147         | 97.3%      | Met 95% WHO based target<br>Significant Variation (positive) |
| The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)              | 131       | 138         | 94.9%      | Met 90% Minimum (no variation)                               |
| 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) <b>(01/04/2016 to 31/03/2017)</b> (NHS England) | 131       | 138         | 94.9%      | Met 90% Minimum (no variation)                               |
| The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) <b>(01/04/2016 to 31/03/2017)</b> (NHS England)  | 131       | 138         | 94.9%      | Met 90% Minimum (no variation)                               |

| Cancer Indicators  |          |             |                 |                               |
|--|----------|-------------|-----------------|-------------------------------|
| Indicator  | Practice | CCG average | England average | England comparison            |
| The percentage of women eligible for cervical cancer screening who were screened adequately within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64 <b>(01/04/2016 to 31/03/2017)</b> (Public Health England) | 79.2%    | 75.7%       | 72.1%           | Comparable to other practices |
| Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)  | 78.9%    | 76.1%       | 70.3%           | N/A                           |
| Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)  | 60.7%    | 61.3%       | 54.6%           | N/A                           |
| The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (PHE)  | 74.0%    | 68.0%       | 71.2%           | N/A                           |

| <b>Mental Health Indicators</b>   |  |                    |                        |                               |
|---|--|--------------------|------------------------|-------------------------------|
| <b>Indicator</b>  | <b>Practice</b>                                | <b>CCG average</b> | <b>England average</b> | <b>England comparison</b>     |
| The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF) | 95.9%  | 85.2%              | 90.3%                  | Comparable to other practices |
| <b>QOF Exceptions</b>   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                               |
|   | 16.2% (19)                                     | 15.8%              | 12.5%                  |                               |
| <b>Indicator</b>  | <b>Practice</b>                                | <b>CCG average</b> | <b>England average</b> | <b>England comparison</b>     |
| The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)                          | 96.0%  | 87.1%              | 90.7%                  | Comparable to other practices |
| <b>QOF Exceptions</b>   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                               |
|   | 14.5% (17)                                     | 13.7%              | 10.3%                  |                               |
| <b>Indicator</b>  | <b>Practice</b>                                | <b>CCG average</b> | <b>England average</b> | <b>England comparison</b>     |
| The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months <b>(01/04/2016 to 31/03/2017)</b> (QOF)  | 82.1%  | 85.7%              | 83.7%                  | Comparable to other practices |
| <b>QOF Exceptions</b>   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                               |
|   | 6.0% (9)                                       | 8.4%               | 6.8%                   |                               |

### Monitoring care and treatment

| <b>Indicator</b>                       | <b>Practice</b> | <b>CCG average</b> | <b>England average</b> |
|--|-----------------|--------------------|------------------------|
| Overall QOF score (out of maximum 559) | 559             | 543                | 539                    |
| Overall QOF exception reporting        | 6.5%            | 6.5%               | 5.7%                   |

## Effective staffing

| Question   | Y/N |
|--|-----|
| The registered person provided assurances that staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.  | Yes |
| The learning and development needs of staff were assessed  | Yes |
| The provider had a programme of learning and development.  | Yes |
| There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.   | No  |
| Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.  | Yes |
| The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.   | Yes |
| <p>If no please explain below:</p> <p>The practice had not recruited any new Health Care Assistants since the implementation of the care certificate in April 2015. Existing staff had access to an online training resource and external training providers for specific training. Records showed Health Care Assistants were supported to develop their skills and competency. Assessments were completed before staff were allowed to undertake any new clinical roles such as ear syringing or minor wound care.</p> <p>Any further comments or notable training:</p> <p>N/a</p> |     |

## Coordinating care and treatment

| Indicator  | Y/N |
|--|-----|
| The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2016 to 31/03/2017) (QOF) | Yes |

## Helping patients to live healthier lives

| Indicator  | Practice                                       | CCG average        | England average        | England comparison            |
|--|--|--------------------|------------------------|-------------------------------|
| The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF) | 93.4%  | 95.0%              | 95.3%                  | Comparable to other practices |
| QOF Exceptions   | Practice Exception rate (number of exceptions) | CCG Exception rate | England Exception rate |                               |
|  | 0.8% (31)                                      | 0.9%               | 0.8%                   |                               |
| Indicator  | Practice                                       | CCG average        | England average        | England comparison            |
| Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)                          | 55.8%  | 57.1%              | 51.6%                  | Comparable to other practices |

## Description of how the practice monitors that consent is sought appropriately

The practice used a code to denote when patient consent had been sought. Patient records seen demonstrated staff recorded when consent had been obtained within set templates. Clinical staff was required to record their discussion of risks, benefits and consent obtained from a patient before any procedures or examinations were carried out. The practice carried out an annual minor surgery audit, part of which looked at clinical performance in recording consent being sought appropriately. An audit carried out in 2018 demonstrated 100% compliance in recorded consent of patients undergoing minor surgical procedures.

## Any additional evidence

An audit reviewed exception reporting at the practice for 2016/17. Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate. During 2016/17 there was a significant increase in patients registering due to the closure of a nearby practice, some of whom had been exempted by the previous practice. 268 patients had been exempted with a total of 405 exceptions. Of these 97.7% of all patients had a valid reason from them being removed from the patient recall for long term conditions such as diabetes and heart disease. However, the practice found some

of the remaining patient records did not adequately explain why the decision had been made to do this. One of the actions leading from this work had been to have a template amended providing space to add text when exempting a patient. This change had benefitted other practices using the same IT system. The practice had significantly reduced the number of patients exception reported in 2017/18. Of 268 patients who were exempted in 2016/17 only 15 of those were exempted in 2017/18. No patients were exempted from the cancer register in 2017/18.

# Caring

## Kindness, respect and compassion

| CQC comments cards  |    |
|---|----|
| Total comments cards received   | 27 |
| Number of CQC comments received which were positive about the service | 26 |
| Number of comments cards received which were mixed about the service  | 1  |
| Number of CQC comments received which were negative about the service | 0  |

### Examples of feedback received:

| Source        | Feedback   |
|---------------|--|
| Comment cards | Patients said that they felt the practice cared about their health and gave them support to improve their wellbeing. They described examples where they were listened to and treated with respect, dignity and kindness. Patients also commented on the professionalism of staff. One out of 27 comment cards had mixed views, highlighting positives but in their opinion a member of reception staff was rude. |

## National GP Survey results

| Practice population size | Surveys sent out | % of practice population | Surveys returned | Survey Response rate% |
|--------------------------|------------------|--------------------------|------------------|-----------------------|
| 15,990                   | 235              | 1.5%                     | 116              | 49.36%                |

| Indicator   | Practice | CCG average | England average | England comparison            |
|---|----------|-------------|-----------------|-------------------------------|
| The percentage of respondents to the GP patient survey who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area <b>(01/01/2017 to 31/03/2017)</b> (GP Patient Survey) | 92.8%    | 86.8%       | 78.9%           | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)                                | 92.4%    | 92.5%       | 88.8%           | Comparable to other practices |
| The percentage of respondents to the GP patient survey who answered positively to question 22 "Did you have confidence and trust in the GP you saw or spoke to?" <b>(01/01/2017 to 31/03/2017)</b> (GPPS)                                 | 98.5%    | 97.2%       | 95.5%           | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)              | 88.5%    | 90.6%       | 85.5%           | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at listening to them <b>(01/01/2017 to 31/03/2017)</b> (GPPS)                          | 94.8%    | 93.7%       | 91.4%           | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at treating them with care and concern <b>(01/01/2017 to 31/03/2017)</b> (GPPS)        | 96.1%    | 93.6%       | 90.7%           | Comparable to other practices |

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

| Date of exercise | Summary of results   |
|------------------|--|
| 2017             | The practice carried out a survey of patients about the parking arrangements. Patients were made aware of proposed changes to the council run car park that could impact on them attending the practice. Patients highlighted this would cause problems for people attending appointments throughout the day as designated parking spaces for the practice were limited being in the town centre. This feedback led to further actions by the practice with the patient representative group and GP partnership raising the matter with the local council. |

| Any additional evidence   |
|---|
| Friends and family test results for 2017/18 were strongly positive. The practice received 945 responses from April 2017 to March 2018. Of these 858 (90.8%) were extremely likely and 45 (4.8%) were likely to recommend the practice to friends and relatives. |

## Involvement in decisions about care and treatment

Examples of feedback received:

| Source                   | Feedback   |
|--------------------------|--|
| Interviews with patients | We spoke with three patients all of whom said GPs actively worked in partnership with them to manage their ongoing health. |
| CQC comment cards        | Patient comments included reference to being treated with respect by all staff at the practice.                            |

## National GP 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 saw or spoke to a GP, the GP was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)                    | 93.1%    | 90.5%       | 86.4%           | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a GP, the GP was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS)       | 84.4%    | 87.8%       | 82.0%           | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at explaining tests and treatments <b>(01/01/2017 to 31/03/2017)</b> (GPPS)              | 95.7%    | 92.5%       | 89.9%           | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they saw or spoke to a nurse, the nurse was good or very good at involving them in decisions about their care <b>(01/01/2017 to 31/03/2017)</b> (GPPS) | 92.2%    | 88.9%       | 85.4%           | Comparable to other practices |

| Question  | Y/N |
|---|-----|
| Interpretation services were available for patients who did not have English as a first language.   | Yes |
| Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations. | Yes |
| Information leaflets were available in easy read format.  | Yes |
| Information about support groups was available on the practice website.   | Yes |

| Carers   | Narrative  |
|--|--|
| Percentage and number of carers identified           | 421 patients were identified as carers; this represents approximately 3% of the practice list.   |
| How the practice supports carers                     | Carers were offered flexible appointment times and invited for annual health checks and influenza vaccinations. Carers were referred to local charities providing benefit and social support for carers. The practice home visiting service for vulnerable patients run by a practice nurse and pharmacist, also monitors carers needs and provides support and advice where required.   |
| How the practice supports recently bereaved patients | All patients registered at the practice were assigned to a named GP, providing continuity of care. GPs send a letter to the bereaved family, which includes condolences and an offer of an appointment. GPs told us they know their patients well and would visit the next of kin or family if appropriate.<br>The practice had information on its website and in waiting rooms about what to do when a relative died. Staff verified they also provided support to patients who needed help completing any forms. |

## Privacy and dignity

| Question   | Y/N |
|--|-----|
| Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. | Yes |

|  | Narrative  |
|--|--|
| Arrangements to ensure confidentiality at the reception desk | We observed staff were discreet with patients arriving for appointments. Staff told us patients were offered to be seen in private if they wished to discuss any confidential matters. Signs in the waiting room advised patients they could request to be seen in private if they wished to when speaking with reception staff. |

| Question  | Y/N |
|---|-----|
| Consultation and treatment room doors were closed during consultations.                         | Yes |
| A private room was available if patients were distressed or wanted to discuss sensitive issues. | Yes |
| Examples of specific feedback received:   |     |

| Source        | Feedback   |
|---------------|--|
| Comment cards | A parent commented their children were seen rapidly, which they found reassuring. They commented that staff communicated with their children, in a disarming way that helped reduce anxiety and gain trust so that they were able to have immunisations.   |
| Staff         | <p>Explained how they used consultation rooms to see patients in private when forms needed to be filled in.</p> <p>A patient with learning disabilities and communication needs was supported so they were able to have an intimate examination and cervical screening. Staff described they had developed a trusting rapport with the patient, set longer appointments and carefully explained everything in a way the person would understand.</p> |

|  |  |
|--|--|
|  |  |
|--|--|

# Responsive

## Responding to and meeting people's needs

| Practice Opening Times |              |
|------------------------|--------------|
| Day                    | Time         |
| Monday                 | 08:30-18:30* |
| Tuesday                | 08:30-18:30* |
| Wednesday              | 08:30-18:30* |
| Thursday               | 08:30-18:30* |
| Friday                 | 08:30-18:30* |

**\*Telephone calls are answered by Devon Doctors overnight, at weekends and until 8.30am. Early morning and late evening appointments are pre-bookable (see Extended opening hours)**

| Appointments available |   |
|------------------------|---|
|                        | Routine appointments 08.30 – 18.30  |
|                        | Minor Illness Clinic 09.30 -10.30<br>(GP, Nurse prescriber or pharmacist, with the Duty GP)<br><br>Rapid Access Clinic runs daily over lunchtime and in the afternoon for medical problems that had come on suddenly and required immediate assessment.<br>(Duty GP and a practice nurse) |

| Extended hours opening |   |
|------------------------|---|
| Monday                 | Pre bookable appointments 18.00 – 20.00 |
| Tuesday                | Pre bookable appointments 07.30 – 08.30 |
| Wednesday              | Pre bookable appointments 07.30 – 08.30 |
| Thursday               | Pre bookable appointments 07.30 – 08.30 |
| Friday                 | Pre bookable appointments 07.30 – 08.30 |

| Home visits   |     |
|---|-----|
| The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention   | Yes |
| If yes, describe how this was done  |     |
| Requests for home visits were added to the named GPs home visit list. The patient's own GP determined whether the visit was necessary and the urgency. The practice had a rapid access clinic and if an urgent request was received either their named GP or the duty doctor was advised immediately by reception of the request. |     |



## Timely access to the service

### National GP Survey results

| Indicator   | Practice | CCG average | England average | England comparison            |
|---|----------|-------------|-----------------|-------------------------------|
| The percentage of respondents to the GP patient survey who were 'Very satisfied' or 'Fairly satisfied' with their GP practices opening hours. (01/01/2017 to 31/03/2017)  | 92.1%    | 83.7%       | 80.0%           | Variation (positive)          |
| The percentage of respondents to the GP patient survey who gave a positive answer to "Generally, how easy is it to get through to someone at your GP surgery on the phone?" (01/01/2017 to 31/03/2017)                  | 94.3%    | 82.1%       | 70.9%           | Comparable to other practices |
| The percentage of respondents to the GP patient survey who stated that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment (01/01/2017 to 31/03/2017) | 93.5%    | 84.9%       | 75.5%           | Variation (positive)          |
| The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2017 to 31/03/2017)   | 92.6%    | 82.1%       | 72.7%           | Variation (positive)          |

### Examples of feedback received from patients:

| Source                        | Feedback  |
|-------------------------------|---|
| NHS Choices                   | The practice achieved five stars on the NHS choices website, with 11 strongly positive reviews by patients. Patients comments highlighted they were treated with respect and able to get appointments when they needed them. Staff were described as being effective clinically, compassionate and caring.  |
| Patients representative group | We spoke with three members of the patient representation group (PRG) who told us the practice engaged well with them. Patients told us they were consulted about the online system where patients could access their care summary records. The practice had listened and acted on the feedback from PRG members before making it available for all patients to use. PRG members described how the practice encouraged their involvement with stakeholder groups such as the clinical commissioning group to influence wider development and integration of health and social care services. PRG members shared several examples about their experiences as patients themselves. The rapid access clinic was said to be a reassuring resource where they knew they could be seen on the day by clinical staff. Monitoring of long term conditions was said to be thorough, as well as early identification of health issues through annual health checks aimed at working age |

|                   |   |
|-------------------|---|
|                   | patients.   |
| Patient interview | A patient gave positive feedback about the support they were given as a carer. Several examples were shared with us: urgent requests for medicines were dealt with and received within two hours. They and their relative had long term conditions were able to be monitored by the home visiting service rather than attending the practice for reviews. |

## Listening and learning from complaints received

| Question   | Y/N |
|--|-----|
| The complaints policy and procedures were in line with recognised guidance and contractual obligations. (See <i>My expectations for raising concerns and complaints</i> and <i>NHS England Complaints policy</i> ) | Yes |
| Information was available to help patients understand the complaints system.   | Yes |

| Complaints  | Y/N |
|---|-----|
| Number of complaints received in the last year.                                   | 21  |
| Number of complaints we examined  | 1   |
| Number of complaints we examined that were satisfactorily handled in a timely way | Yes |
| Number of complaints referred to the Parliamentary and Health Service Ombudsman   | 0   |

| Additional comments:  |
|---|
| <p>The practice demonstrated they welcomed all feedback from patients. Staff interviewed told us they saw this as an opportunity to improve the quality of service provided for patients. We looked at all the correspondence about one complaint. We saw an outcome letter was sent to the patient on completion of the investigation of their complaint, which the practice manager verified was the standard letter used. The practice shared any learning and actions being taken as a result of the feedback and also gave an apology to the patient. The letter did not include any references to the NHS complaints framework or ombudsman details. However, the practice had a written leaflet for patients in the waiting room about the procedure which did include the NHS complaints framework and ombudsman details.</p> |

# Well-led

## Leadership capacity and capability

### Example of how leadership, capacity and capability were demonstrated by the practice

The practice had successfully managed a significant increase of patients registered in 2017. Following the closure of a local practice, Brannam Medical Centre had registered 3,000 additional patients since the last inspection in 2014. The GP partnership recognised this had been a difficult and challenging time for all staff by rewarding them with bonus and party to thank them. All of the staff interviewed at the inspection told us they were proud, felt valued and enjoyed working at the practice. Records demonstrated there was a very low turnover of staff.

## Vision and strategy

### Practice Vision and values

Information on the practice website, new patient pack and leaflets stated the GP partnership was passionate about traditional family medicine. The vision of the practice was to provide quality care to enable patients to stay healthy by providing access to a wide range of healthcare services. A personal list system was run, enabling patients to see their own GP for continuity of care. The practice was forward thinking, successfully recruiting new GPs and nurses when staff retired and had chosen to over resource the team to future proof services for patients. There was an emphasis on social prescribing to improve the quality of health and wellbeing of patients. The practice was working with a volunteer 'Health Connector' who was setting up an inventory of local support services, events and opportunities for patients to be referred to.

## Culture

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

| Source               | Feedback  |
|----------------------|---|
| Team meeting minutes | Staff feedback led to a flexible working approach being introduced.   |
| Staff interviews     | All staff interviewed verified there was an open and supportive culture. Staff were encouraged to develop their skills and funded for training. This enabled them to progress into new roles and responsibilities. Examples seen included: the development of a member of staff from being an apprentice, receptionist through to health care assistant. Supporting health care assistants with training plans to facilitate their aim to apply for nurse/midwifery training. |

Examples of changes made by the practice as a result of feedback from staff

| Source               | Example  |
|----------------------|--|
| Team meeting minutes | Improved communication had been achieved between teams. A weekly short meeting was held to discuss any emerging issues and actions being taken. Team meetings carried themes across the practice so staff was kept up to date with developments. |
|                      |  |

Examples of the practice responding to incidents and concerns and how they communicate with patients and those involved (consider duty of candour)

| Source | Example |
|--------|---------|
|--------|---------|

|                             |   |
|-----------------------------|---|
| Information for patients    | The annual review of complaints and concerns in March 2018 identified a theme of patient misunderstanding about the different and changing staff roles and responsibilities at the practice. To address this, an information sheet was produced explaining how the practice was set up and in particular, why reception and administrative staff asked patients more questions to ensure they were assigned to the right person for help. |
| Practice complaints records | A patient complained after they experienced a delayed diagnosis of cancer. The matter was investigated and a lengthy reply sent to the patient, which included an apology. The practice used educational meetings to share learning. All suspected and confirmed patient cancer diagnoses were discussed to increase awareness of atypical symptoms that should be considered for early diagnosis.  |

#### Examples of concerns raised by staff and addressed by the practice

| Source  | Example   |
|---|---|
| Staff interviews  | Late/extended hours appointments were not being used effectively to ensure appropriate staff resources were available. Staff highlighted the importance of being able to support each other to maintain their safety. The practice changed how late and extended hours appointments were managed, which had addressed these concerns. |
|   |   |
| The practice's speaking up policies are in line with the NHSI National Raising Issues Policy. |   |
|   | Yes   |

#### Examples of action taken by the practice to promote the safety and wellbeing of staff

| Source          | Example   |
|-----------------|---|
| Staff interview | Reasonable adjustments had been put in place to enable a member of staff return to work. This included a phased return and reduction in work hours for the member of staff. |
| Staff interview | Staff had been enabled to access a counselling service, providing support for occupational and personal matters.  |
| Staff interview | New equipment was purchased for a member of staff carrying out clinical procedures on patients so they had appropriate sight of the area of treatment for patients.         |

### Examples of action taken by the practice to promote equality and diversity for staff

| Source                       | Example   |
|------------------------------|---|
| Staff interviews and records | The practice used NHS Jobs website to advertise all vacancies. Application forms were standardised. Applicants were short listed against set criteria to ensure these followed an equal opportunities approach.   |
| Staff interviews             | Reasonable adjustments were put in place for staff enabling them to continue working at the practice. Examples staff shared with us included: parent being able to work reduced hours whilst their child recovered from serious illness. Disabled worker being given additional equipment to support them with their role and responsibilities. |

### Examples of actions to improve quality in past 2 years

| Area   | Impact  |
|--|---|
| Delivery of 12 week leg ulcer pathway for vulnerable patients    | The nursing team were involved in developing this commissioned service and delivering it to people registered with the practice. The team had created an information booklet for patients covering all 12 appointments, which provided them with a history of their progress to share with any other professionals supporting them. |
| Rolling schedule of audit across clinical and non-clinical areas | Audits were frequently undertaken to improve the quality of care and treatment of patients. We saw many examples of this, which included regularly scheduled and audits initiated as a result of learning from significant events and feedback.   |

### Examples of service developments implemented in past 2 years

| Development area   | Impact  |
|--|---|
| Housebound pathway of home reviews for vulnerable patients | The practice had significantly improved the monitoring of vulnerable patients with long term conditions. The home visiting service was extended to combine it with scheduled long term condition reviews. At the time of the inspection 160, vulnerable housebound patients were being seen regularly by the practice nurse and pharmacist who carried out comprehensive reviews of their health and medicines with them. |
| Recruitment of practice based clinical pharmacist          | Patients had more frequent medicine reviews, leading to appropriate reduction of unnecessary prescribing. For frail patients and those with complex long term health conditions the practice was reducing the risks associated with polypharmacy such as increased falls.   |

### Governance arrangements

| Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care. |   |
|--|---|
| Learning from complaints and significant events  | The practice welcomed all forms of feedback. Complaints and significant events were regularly reviewed at held weekly and monthly meetings at which |
| Practice specific policies   | There was a quality assurance protocol in place with lead staff responsible   |

|   |  |
|---|--|
|   | for reviewing policies and procedures. Every policy seen had the date of issue, revisions and review dates, names of lead staff and author. Staff was able to show us policies and procedures as requested, which were held on a shared drive in electronic format and also hard copy files in the practice.   |
| Other examples  | There was an organisational structure with clear lines of accountability for decisions made. The practice was made up of individual teams, headed by senior managers who sat on the senior management team. Minutes of meetings reviewed at the inspection demonstrated clear communication systems, where information was disseminated, feedback encouraged and acted upon. |
| Staff were able to describe the governance arrangements | Yes  |
| Staff were clear on their roles and responsibilities    | Yes  |

### Managing risks, issues and performance

|   |     |
|---|-----|
| Major incident plan in place                    | Yes |
| Staff trained in preparation for major incident | Yes |

### Examples of actions taken to address risks identified within the practice

| Risk   | Example of risk management activities   |
|--|---|
| Substantial increase in patient registrations after closure of local practice. | The practice took the approach to over resource staffing levels, which had facilitated the safe management of 3,000 new patient registrations in 2017. Staffing levels were increased further with additional nursing and administrative hours being funded.                                    |
| Equity of named clinician patient lists  | Senior management and GP partners closely monitored the workload of clinical staff to ensure they worked within safe levels. This was monitored at a weekly meeting. There was a culture of openness and staff encouraged to identify any emerging risks early so that they could be supported. |
| The practice was six months behind with summarising new patients records       | The GP partners had introduced a system of overview and decision making to determine which notes should be prioritised for summarising. Administrator hours had been funded and increased by the practice to address the shortfall with summarising records.                                    |

## Appropriate and accurate information

| Question  | Y/N |
|---|-----|
| Staff whose responsibilities include making statutory notifications understand what this entails. | Yes |

## Engagement with patients, the public, staff and external partners

### Examples of methods of engagement

|                   | Method   | Impact   |
|-------------------|--|--|
| Patients          | Patient representation group   | There was an established patient representation group (PRG) which met five times a year. The meetings were chaired by a patient representative and attended by a GP partner and the practice manager. The group was consulted about the management and development of the practice, encouraged to be actively involved in social prescribing and promotion of health living. |
| Public            | Website  | Improved communication with the public.  |
| Staff             | Team meetings<br>Practice meetings<br>Staff 1:1 meetings and annual appraisals<br>Staff newsletter | Staff was well informed about developments, changes of policy and supported in their work.   |
| External partners | Representation at Clinical Commissioning Group meetings<br>Meetings with the Deanery.              | The practice met regularly with the CCG and the Deanery. This enabled the practice to influence the development of services in the locality, take part in pilot studies and offer feedback from the patient perspective. As a training practice, the approved GP trainers kept apprised of developments at the Deanery.  |

## Feedback from Patient Participation Group;

| Feedback  |
|---|
| Wider involvement with the clinical commissioning group and local council was encouraged by the practice. Patient representatives had been able to influence decisions about locality health and social care service developments. Patients shared examples which included: Providing feedback to the local council about proposed plans to develop the car park outside of the practice resulting in the decision being put on hold. |
| Members of the group told us they were asked for suggestions to improve the services at the practice and were listened to. Examples of changes made at the practice resulting from suggestions made led to alterations to remove an uneven surface at the entrance to improve access for wheelchair users.  |
| Members of the PRG told us they were involved in selection and recruitment processes. For example, one person had been on the interview panel when a new GP was recruited.  |

## Examples of specific engagement with patients and patient participation group in developments

**within the practice;**

| Examples  | Impact   |
|---|--|
| Consulted about placements for nursing associate students at the practice                       | Patient representatives were given a voice in regard to the development of nurse associate training placements at the practice. In 2017, a PPG member helped the local college with the interviews for nursing associate students and had then attended a study day. Discussions had taken place about competencies and clinical boundaries around administering medicines and supervision required. The practice was part of a pilot to receive nurse associate trainees in 2018. |
| Consulted about implementation of social prescribing and development of a health connector role | Patient representatives were able to meet a local GP who was running a pilot to support patients with non-medical ways of managing their problems. Learning was shared about the overlap between health, social and environmental factors. Patient representatives contributed to the wider development of social prescribing in North Devon.  |

**Continuous improvement and innovation**

| Examples of innovation and improvements                    | Impact on patients  |
|--|---|
| Housebound pathway of home reviews for vulnerable patients | The practice had significantly improved the monitoring of vulnerable patients with long term conditions. The home visiting service was extended to include regular scheduled long term condition reviews. In total 160 vulnerable housebound patients were being seen regularly by the practice nurse and pharmacist. Comprehensive reviews looked at their long term health conditions and appropriateness of medicines they were prescribed. The practice had identified potential risks for some of these patients and/or their carers and had sought additional support for them. |
| Redesign of the rapid access clinic                        | Patients were able to access a daily clinic without an appointment for medical problems requiring immediate assessment from a duty GP, practice nurse or healthcare assistant. Working patients could access during the lunchtime period as well as early and late appointments. Duty GPs were able to start home visits earlier from 9.30am instead of the usual lunchtime start.  |

**Examples of improvements demonstrated as a result of clinical audits in past 2 years**

| Audit area    | Impact   |
|---------------|--|
| Minor Surgery | The results from the last annual audit of minor surgery were seen. This covered post procedure wound infection, appropriateness of sampling leading to diagnosis of cancer and follow up of results with patients. The audit provided assurance of consent having been obtained for all minor surgery carried out at the practice. |

|   |   |
|---|---|
| Short acting treatment for asthma symptoms        | Clinical audits were undertaken to determine whether NICE (National Institute of Clinical Excellence) guidelines were being followed. For example, a two cycle audit reviewed patients identified as excessive users of short acting medicines to reduce asthma symptoms. In 2018, the audit had been broadened and identified 24 patients who needed to be reviewed of which 3 patients who were housebound. Patients were reviewed at a face to face appointment either at the practice or their home (for housebound patients) to check their technique and discuss their needs. New patients joining the practice had asthma plans agreed with them, explaining what to do if they experienced symptoms. Some of the patients required changes to their medicines for more effective treatment.   |
| Hormone therapy for patients with prostate cancer | Clinical audits were undertaken to determine whether patients prescribed hormone therapies (Goserelin, Triptorelin or leuprorelin) were being followed up correctly as per the guidelines recommended by the British National Formulary (BNF). Thirty two patient records were reviewed, of which 21 were found to have received treatment as per guidelines. Other patients had stopped taking the medicine, by choice or as advised by the oncologist. All 32 patient records had an appropriate diary prompt. Two areas for improvement were identified. All clinical staff were reminded to use the same template so follow up of patients could be audited in a consistent way. Three patients who regularly missed appointments were encouraged to discuss their needs directly with the nursing team to increase uptake in accordance with treatment guidelines. |

**Any additional evidence**

The practice had a low turnover of staff. When staff vacancies did occur, the practice told us they were able to recruit easily often attracting staff who had completed training at the practice. Examples included a previous GP registrar joining the partnership. This was a positive position given the national context of severe GP and practice nurse staff shortages.

**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, a statistical tool which shows the deviation from the England average. It gives us a statistical measurement of a practice's performance in relation to the England average, and measures this in standard deviations. We calculate a z-score for each indicator, thereby highlighting the practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are +2 or more or -2 or less are at significant levels, warranting further enquiry.

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

The following language is used for banding variation:

- Significant variation (positive)
  - Variation (positive)

- Comparable to other practices
- Variation (negative)
- Significant variation (negative)

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95%.

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: <http://www.cqc.org.uk/what-we-do/how-we-use-information/monitoring-gp-practices>