

Care Quality Commission

Inspection Evidence Table

Marston Surgery (1-2515196940 / E81043)

Inspection date: 3 July 2018

Date of data download: 18 June 2018

Please note: Any Quality Outcomes Framework (QOF) data relates to 2016/17.

Please Note: CQC was not able to automatically match data for this location to our own internal records. Data from external websites has been used to populate this Evidence Table. Sources are noted for each data item.

Safe

Safety systems and processes

Safeguarding	Y/N
There was a lead member 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.	Yes
Policies 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
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
Disclosure and Barring Service checks were undertaken where required	Yes

Recruitment Systems	Y/N
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	No
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 answers: We did not find records of MMR vaccinations, all staff were vaccinated against Hepatitis B.	

Safety Records	Y/N
There was a record of portable appliance testing or visual inspection by a competent person Date of last inspection/Test:	Yes 19/04/18
There was a record of equipment calibration Date of last calibration:	Yes 19/04/18
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals	Yes
Fire procedure in place	Yes
Fire extinguisher checks	Yes
Fire drills and logs	Yes
Fire alarm checks	Yes
Fire training for staff	Yes
Fire marshals	Yes
Fire risk assessment Date of completion	Yes 21/08/17
Actions were identified and completed.	Yes
Health and safety Premises/security risk assessment? Date of last assessment:	Yes 03/04/18
Health and safety risk assessment and actions Date of last assessment:	Yes 03/04/18

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit:</p> <p>The practice acted on any issues identified</p> <p>Detail: An action plan was observed the practice was working through the actions.</p> <p>We visited the branch surgery and infection control arrangements were adequate.</p>	<p>Yes</p> <p>22/06/18</p> <p>Yes*</p>
The arrangements for managing waste and clinical specimens kept people safe?	Yes
<p>Explanation of any answers:</p> <p>*But some remedial work such as the replacement of floor covering in clinical areas had not been prioritised for action sooner to meet with legal requirements.</p>	

Risks to patients

Question	Y/N
There was an effective approach to managing staff absences and busy periods.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans were developed in line with national guidance.	Yes
Staff knew how to respond to emergency situations.	Yes
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.	Yes
In addition, there was a process in the practice for urgent clinician review of such patients.	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 National Institute for Health and Care Excellence (NICE) guidance.	Yes

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
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 answers: The practice ensured all test results were acted upon each working day for effective patient care.	

Appropriate and safe use of medicines

	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) (NHS Business Service Authority - NHSBSA)	0.80	No data	0.98	Comparison not available
Percentage of antibiotic items prescribed that are Co-Amoxiclav, Cephalosporins or Quinolones. (01/07/2016 to 30/06/2017) (NHSBSA)	14.3%	No data	8.9%	Comparison not available

Medicines 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 Patient Group Directions or Patient Specific Directions).	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 Controlled Drugs Accountable Officer.	Yes
Up to date local prescribing guidelines were in use.	Yes
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 General Medical Council guidance.	Not required

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.	Yes
The practice had a defibrillator.	Yes
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

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.	38
Number of events that required action	38

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

Event	Specific action taken
Delay in the two-week referrals to secondary services due to staff responsible for sending these referrals leaving their post.	All referrals were checked to ensure they had been sent to the secondary service. Patient safety was discussed during staff meetings and staff were trained to prevent recurrences. The practice now has more staff trained to deal with the two-week referrals.
An unwell baby presented at the practice, staff were able to act quickly using their skills.	There was prompt escalation to the clinician and the emergency treatment protocol was used to deliver emergency care and the patient dispatched by ambulance to secondary care.
Incorrect referral paperwork sent to secondary care services.	On discovery that an incorrect referral had been sent the practice immediately sent the correct paperwork with the correct patient details. All administration staff were reminded of the importance of checking patient details especially similar sounding names. All administration staff undertook training on e-referrals to enhance their skills. Staff were educated on local referral processes; a comprehensive list of email referral addresses was produced to support staff.

Safety Alerts	Y/N
There was a system for recording and acting on safety alerts	Yes
Staff understand how to deal with alerts	Yes
Comments on systems in place: The reception manager receives all safety alerts and disseminates them to all relevant staff.	

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)	1.07	No data	0.90	Comparison not available

People with long-term conditions

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)	75.0%	78.8%	79.5%	Comparison not available
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)	84.0%	76.1%	78.1%	Comparison not available
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)	67.8%	81.3%	80.1%	Comparison not available

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. (01/04/2016 to 31/03/2017) (QOF)	80.9%	77.1%	76.4%	Comparison not available
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 (01/04/2016 to 31/03/2017) (QOF)	86.6%	89.5%	90.4%	Comparison not available
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 (01/04/2016 to 31/03/2017) (QOF)	83.3%	83.5%	83.3%	Comparison not available
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. (01/04/2016 to 31/03/2017) (QOF)	95.0%	89.5%	88.4%	Comparison not available

Families, children and young people

Indicator*	Practice %	Comparison to WHO target
Percentage of children aged 1 with completed primary course of 5:1 vaccine. (01/04/2016 to 31/03/2017) (NHS England)	98.3%	Met 95% WHO based target Significant Variation (positive)
The percentage children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	86.1%	Below 90% Minimum (variation negative)
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) (01/04/2016 to 31/03/2017) (NHS England)	85.2%	Below 90% Minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (first dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	87.8%	Below 90% Minimum (variation negative)

Working age people (including those recently retired and students)

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 (01/04/2016 to 31/03/2017) (Public Health England)	72.7%	74.3%	72.1%	Comparison not available
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	80.4%	74.3%	72.5%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	58.4%	58.2%	57.4%	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)	82.5%	63.5%	70.3%	N/A
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)	41.2%**	54.3%**	51.0%**	Comparison not available
Any additional evidence or comments *There is a data quality issue with the indicator set for childhood immunisations. Unverified data supplied by the practice shows that the practice is currently meeting the national target for childhood immunisations. ** There is a data quality issue with this indicator which we were unable to verify.				

People experiencing poor mental health (including people with dementia)

Mental Health Indicators				
Indicator	Practice	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	77.3%	89.6%	90.3%	Comparison not available
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	82.6%	90.5%	90.7%	Comparison not available
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	100.0%	85.1%	83.7%	Comparison not available

Monitoring care and treatment

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	541	516	534
Overall QOF exception reporting	4.0%	No data	5.7%

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)	93.5%	94.9%	95.2%	Comparison not available

Consent to care and treatment

Description of how the practice monitors that consent is sought appropriately
There is a policy on consent to treatment.

Caring

Kindness, respect and compassion

CQC comments cards	
Total comments cards received	19
Number of CQC comments received which were positive about the service	18
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
For example, comments cards, NHS Choices	<p>Examples of comments received through the comments cards:</p> <p>The GPs the clinical team and the reception staff are very helpful and positive in their approach to our needs.</p> <p>Explained my care in a simplified manner.</p>

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10,343	259	103	39.8%	2.5%

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 (01/01/2017 to 31/03/2017)	49%	77%	77%	Comparison not available
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 (01/01/2017 to 31/03/2017)	81%	87%	89%	Comparison not available
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?" (01/01/2017 to 31/03/2017)	86%	95%	95%	Comparison not available

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 (01/01/2017 to 31/03/2017)	69%	83%	86%	Comparison not available
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 (01/01/2017 to 31/03/2017)	92%	93%	91%	Comparison not available
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 (01/01/2017 to 31/03/2017)	92%	92%	91%	Comparison not available

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

Date of exercise	Summary of results
October 2017	A total of 266 patients that participated in this survey. Results showed that there had been marginal improvements to the issues raised in the July 2017 annual national GP patient survey in relation to the caring and responsive domains. Issues included GP interactions with patient during consultations practice opening times and in the overall experience of making an appointment. Results also showed that getting through to the practice by phone and the helpfulness of reception staff had improved. A large proportion of the respondents were unaware of online services and the availability of targeted late appointments for those that could not attend during the day which the practice found useful in raising patient awareness of services available.

Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with three patients. All told us that they had been involved in their care and options had been explained before any treatment.

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 (01/01/2017 to 31/03/2017)	68%	84%	86%	Comparison not available
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 (01/01/2017 to 31/03/2017)	65%	79%	82%	Comparison not available
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 (01/01/2017 to 31/03/2017)	91%	91%	90%	Comparison not available
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 (01/01/2017 to 31/03/2017)	83%	87%	85%	Comparison not available

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.	No
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified	0.5% of the practice population which equates to 49 carers.
How the practice supports carers	The practice identified carers and supported them with flexible appointments assistance with carers assessments, applying for benefits and with advice on advanced care plans. The practice was in the process of improving the way cares were supported by linking with another practice and the patient participation group.
How the practice supports recently bereaved patients	Staff told us that if families had experienced bereavement the practice sent them a bereavement card and encouraged them to contact the practice to discuss the family's needs and to signpost them to support services.

Any additional evidence

The practice website, currently not available as it was undergoing developments and updates. However, leaflets about support groups were available at the practice at the time of inspection.

Results from the new GP patient survey published 9 August 2018 showed patient involvement during care and treatment had improved. For example:

- 88% of patients said the healthcare professional they saw or spoke to was good at listening to them during their last general practice appointment. (CCG and national average 89%)
- 83% of patients said the healthcare professional they saw or spoke to was good at treating them with care and concern during their last general practice appointment (CCG average 86%, national average 87%)
- 93% of patients said they were involved as much as they wanted to be in decisions about their care and treatment during their last general practice appointment. (CCG and national average 93%)
- 95% of patients had confidence and trust in the healthcare professional they saw or spoke to during their last general practice appointment (CCG and national average 96%)

Please note the new survey scores are not comparable with the annual national GP patient survey scores in previous years due to the significant changes in the 2018 survey.

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	Receptionists were observed speaking in a soft voice to avoid other patients overhearing the conversation. Staff informed us that they can take patients to a private room if they want to discuss something in private.

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

Responsive

Responding to and meeting people's needs

Practice Opening Times	
Day	Time
Monday	08:00-18:30
Tuesday	08:00-18:30
Wednesday	08:00-18:30
Thursday	08:00-18:30
Friday	08:00-18:30

Outside of practice opening times patients were diverted to the NHS 111 out of hours service. The practice does not currently provide extended hours.

Home visits	Y/N
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	
The assessment was undertaken by a GP. The reception staff were aware of how to deal with requests for home visits. Home visit requests were referred to a GP who assessed and managed them as per clinical needs.	

Timely access to the service

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10,343	259	103	39.8%	2.5%

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)	49%	76%	76%	Comparison not available
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)	68%	75%	71%	Comparison not available
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)	80%	87%	84%	Comparison not available
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)	49%	73%	73%	Comparison not available

Any additional evidence
<p>Results from the new GP patient survey published 9 August 2018 showed patient involvement with timely access to care and treatment had improved in some areas. For example, patients noted improvements in getting through to the practice by phone (72% compared with CCG 69% and England 70%) while a higher number of patients (90% compared with CCG 94% and England 95%) noted that felt their needs were met during their last general practice appointment. However, patients expressed dissatisfaction with the appointment times that were available (29% compared with CCG 61% and England 66%), type of appointments offered (39% compared with CCG 72% and England 74%) and with the experience of making an appointment (29% compared with CCG 66% and England 69%).</p> <p>Please note the new survey scores are not comparable with the annual national GP patient survey scores in previous years due to the significant changes in the 2018 survey.</p>

Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the last year.	7
Number of complaints we examined	7
Number of complaints we examined that were satisfactorily handled in a timely way	6
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

Example of how quality has improved in response to complaints
Following a complaint review, the quality of consultation and records were improved using clinical prompts and templates available within the electronic patient record system.

Well-led

Leadership capacity and capability

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

Leaders were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them. The practice had merged leadership and some back-office functions with six other practices in the region of Bedfordshire, Northamptonshire and Derbyshire. Leaders told us that they were considering merged provider registration with the CQC to further consolidate merged functions.

Vision and strategy

Practice Vision and values

Staff described the vision as making the care of patients their first concern and to provide the highest standard of care treating patients as individuals and respecting their dignity and be honest, open and act with integrity.

Culture

Examples that demonstrate that the practice has a culture of high-quality sustainable care

The practice had a culture of delivering high-quality sustainable care. Through the merged leadership there was a commitment to continuous learning and sharing across the partner organisations to improve patient care and develop staff.

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

Source	Feedback
Non- clinical staff	We have a culture to put patient first and treat patients with respect and care.
Clinical staff	Team support is brilliant. Lots of training and the GPs are very approachable.

Governance arrangements

Examples of structures, processes and systems in place to support the delivery of good quality and sustainable care.	
Practice specific policies	Yes
Y/N	
Staff were able to describe the governance arrangements	Yes
Staff were clear on their roles and responsibilities	Yes

Managing risks, issues and performance

Complaints	Y/N
Major incident plan in place	Yes
Staff trained in preparation for major incident	Yes

Example of actions taken to address risks identified within the practice

Risk	Example of risk management activities
Transportation of controlled stationary between the main and branch practices	Following an assessment, the practice had introduced secured transportation so all stationary could be accounted at dispatch and on receipt.

Appropriate and accurate information

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

Engagement with patients, the public, staff and external partners

Continuous improvement and innovation

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

Audit area	Improvement
Cervical cytology	Improved success rates of cytology samples obtained for analysis.
Medicine audit: Antimicrobial stewardship	Targeted prescribing that resulted in 5% reduction in antimicrobial prescriptions.

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>

Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **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. ([See NHS Choices for more details](#)).