

# Care Quality Commission

## Inspection Evidence Table

### The Mandeville Practice (1-4909594832)

Inspection date: 25 October 2018

Date of data download: 15 October 2018

## Safe

### Safety systems and processes

Safeguarding	Y/N
There were lead members 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.	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

Safety Records	Y/N
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/Test: <b>February 2018</b></p>	<p>Yes</p> <p>(completed by the previous provider)</p>
<p>There was a record of equipment calibration</p> <p>Date of last calibration: <b>September 2018</b></p>	<p>Yes</p>
<p>Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals</p>	<p>Yes</p>
<p>Fire procedure in place</p>	<p>Yes</p>
<p>Fire extinguisher checks</p>	<p>September 2018</p>
<p>Fire drills and logs</p>	<p>Yes</p>
<p>Fire alarm checks</p>	<p>Yes</p>
<p>Fire training for staff</p>	<p>Yes</p>
<p>Fire marshals</p>	<p>Yes</p>
<p>Fire risk assessment</p> <p>Date of completion: <b>October 2018</b></p>	<p>Yes</p>
<p>Actions were identified and completed.</p>	<p>Yes</p>
<p><b>Health and safety</b></p> <p>Premises/security risk assessment</p> <p>Date of last assessment: <b>May 2018</b></p>	<p>Yes</p>
<p>Additional comments:</p> <p>We saw additional risk assessments had been completed which were specific to the practice, the facilities and location. These reviews commenced at the start of the contract in April 2018 and review dates scheduled at regular intervals.</p> <p>Furthermore, we saw a Disability Access Audit had been completed in May 2018. This was an assessment of the building, environment and the service against best-practice standards to benchmark its accessibility to disabled people and people with mobility problems.</p>	

Infection control	Y/N
<p>Risk assessment and policy in place</p> <p>Date of last infection control audit: <b>September 2018</b></p> <p>We saw evidence that the Infection Control Lead and the local Infection Prevention Control Lead from the clinical commissioning group had carried out an infection control audit in September 2018. We saw the findings of the audit had been discussed. The practice had a plan to re-audit in 12 months. Similar to the other supporting correspondence, the infection control policy had been amended to reflect the changes within the practice, which enabled staff to plan and implement measures to control infection.</p> <p>Detail:</p> <p>We saw personal protective equipment including disposable gloves, aprons and coverings were available for staff to use and staff were able to describe how they would use these to comply with the practice's infection control policy. There was also a policy for needle stick injury and staff knew the procedure to follow in the event of an injury.</p> <p>The premises had a completed risk assessment to assess the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal). We saw the practice had appointed and trained a member of staff to manage legionella. Their role included completion of regular water checks were carried out in line with this policy to reduce the risk of infection to staff and patients.</p>	<p>Yes</p>
<p>The arrangements for managing waste and clinical specimens kept people safe?</p>	<p>Yes</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

## Appropriate and safe use of medicines

The following antibacterial prescribing data includes a period of time prior to the current provider at The Mandeville Practice. During our inspection in October 2018, we saw unverified live data from September 2018 which indicated the practice antibacterial prescribing remained comparable to other practices.

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) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	1.07	0.96	0.95	Comparable with other practices
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/07/2017 to 30/06/2018) (NHSBSA)	8.3%	8.6%	8.7%	Comparable with other practices

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
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.	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.	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 Public Health England 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 six months (April 2018 - September 2018)	10
Number of events that required action	9

Examples of significant events recorded and actions by the practice:

Event	Specific action taken
Telephone outage, affecting incoming and outbound calls	Update the business continuity plan, including contact details for the telephone service provider.
A concern regarding the management of clinical waste	Practice team alerted, cleaning company contacted, escalation process implemented between the practice and cleaning company, updated clinical waste guidance in all clinical rooms and infection control updates for all staff.  This event has also resulted in additional periodic reviews with the cleaning company.
Delayed diabetes diagnosis	Following a review of the event, the diabetes protocol and corresponding diabetes pathway was reviewed and updated. Both the protocol and pathway had been added to the locum pack.

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:</p> <p>We saw that the practice was receiving safety alerts and was acting appropriately to ensure patients were identified and actions taken. We also saw that the information relating to these alerts were shared during meetings to alert the full clinical team.</p>	

# Effective

## Effective needs assessment, care and treatment

The current provider Primary Care Management Solutions begun managing and providing regulated activities from The Mandeville Practice in April 2018, this was a period post the most recent QOF collection period. Therefore, published data has not been included in the evidence table and was not used to form a judgement during our October 2018 inspection.

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) (01/07/2017 to 30/06/2018) (NHSBSA)	0.64	0.60	0.83	Comparable with other practices

Additional information
<p>The full practice team were aware of the previous providers clinical performance data and the areas that required improvement.</p> <p>Staff we spoke with explained action taken to improve areas where the practice had performed below local and national averages. For example:</p> <ul style="list-style-type: none"><li>• A model of care had been implemented into the practice which aligned to the clinical need and clinical priorities within the patient population. Additional clinicians with different skills and special interests had joined the practice. For example, a GP with additional qualifications in respiratory medicine, to help manage the care of treatment of patients with asthma, COPD and other respiratory conditions. Furthermore, a Diabetes Specialist Nurse was now providing co-ordinated care to the large cohort of patients with diabetes.</li><li>• New prescribing protocols, policies and procedures had been introduced. This led to the recruitment of two Clinical Pharmacists which enabled practice patients to receive comprehensive medicines advice.</li><li>• During clinical meetings in the first four weeks of the contract, the management team highlighted that practice staff had not correctly coded medical interventions into the clinical records system. Although the care and treatment was clinically appropriate, this had led to inaccurate data submissions into the system. As a result, three separate training sessions had been arranged to ensure clinical staff used and recorded the correct intervention codes.</li></ul>

The practice was working with the local CCG which had introduced a care and support approach, known as Primary Care Development Scheme (PCDS), for the care of many long-term conditions and was a significant shift away from QOF reporting.

- We saw live unverified data presented on a clinical dashboard which indicated clinical performance was improving. For example, atrial fibrillation performance had improved, common mental health (newly diagnosed) performance had improved, COPD performance had improved, dementia performance had improved, diabetes performance had improved and the practices utilisation of NHS e-referral scheme had improved.

## **Families, children and young people**

### **Child Immunisation**

The previous childhood immunisation data was higher than the recommended targets and higher when compared to local and national averages. We discussed the historic childhood immunisation data with the practice team and found this was achieved following a review and subsequent strengthened coordinated approach between the nursing team and the local health visitor team. The process and recall system which supported the immunisation programme had not been amended by the new provider with a view to continue to exceed the World Health Organisation (WHO) targets.

## **Working age people (including those recently retired)**

### **Cancer Indicators**

The practice was aware of the patient uptake for national cancer screening programmes including the cervical cancer screening programme.

There was a designated cancer screening action plan which aligned to the wider health promotion vision and health promotion ethos within the practice. This action plan was created in conjunction with the cancer lead from the CCG and had resulted in:

- The launch of a mobile messaging service as appointment (cervical screening) reminders.
- Designated well women clinics including cervical cancer screening appointments every Saturday morning (predominately for patients of working age). This was supported by educational sessions on breast self-examination.
- Relocation of the cervical screening room to a more private, quiet area of the practice.



- Patient specific letters signed by practice GPs promoting participation of the national bowel cancer screening programme.

### People experiencing poor mental health (including people with dementia)

#### Any additional evidence

There was an increased practice prevalence of patients experiencing poor mental health when compared to local and national averages.

To improve outcomes for patients experiencing poor mental health a proactive service with daily ring-fenced appointments had been launched. This service was under review and had demonstrated improvements in outcomes for patients with serious mental health conditions.

### 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.	Yes

#### Any additional evidence

The Mandeville Practice hosted multidisciplinary clinical team meetings every Friday which included a clinical pharmacist and safeguarding nurse. We saw these meetings were used to co-ordinate care and treatment and case manage patients.

### Helping patients to live healthier lives

#### Any additional evidence

The Mandeville Practice hosted the local smoking cessation team and cessation clinic every Thursday. The practice had automatic access to the majority of the appointments and clinicians from the practice could book directly into these appointments.

## Consent to care and treatment

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

During our discussions with the nursing team, they confirmed when providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance. For example, a clear understanding of the Gillick competency test. (There were used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions). Clinical members of staff also told where a patient's mental capacity to consent to care and treatment was unclear they assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

# Caring

## Kindness, respect and compassion

Care Quality Commission (CQC) comments cards	
Total comments cards received	15
Number of CQC comments cards received which were positive about the service	15
Number of CQC comments cards received which were mixed about the service	0
Number of CQC comments received which were negative about the service	0

Examples of feedback received:

Source	Feedback
For example:  Comments cards	All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Feedback highlighted positive changes made in the practice over the last six months.
NHS Choices	NHS Choices feedback was improving. Since April 2018, eight reviews had been left on NHS Choices. Two of the eight reviews were five-star reviews and very positive.
NHS Friends and Family Test	NHS Friends and Family Test results were improving. For example: <ul style="list-style-type: none"> <li>• In April 2018, 66% of patients were extremely likely or likely to recommend the practice.</li> <li>• In September 2018, 75% of patients were extremely likely or likely to recommend the practice. Therefore, an increase of 9% in six months.</li> <li>• In April 2018, 28% of patients were extremely unlikely or unlikely to recommend the practice.</li> <li>• In September 2018, 18% of patients were extremely unlikely or unlikely to recommend the practice. Therefore, a decrease of 10% in six months.</li> </ul>

Stakeholder feedback	We also received positive feedback from an external stakeholder which accessed GP services from the practice. For example, we spoke to a local care home, they highlighted practice staff, and specifically designated GP, paramedic, over 75's nurse and senior pharmacist were good at listening and commented the GPs were respectful, supportive, compassionate and caring.
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Question	
The practice carries out its own patient survey/patient feedback exercises.	Yes
Type of exercise	Summary
Monthly reviews	<p>The practice reviewed all patient feedback collected from various sources. This was a standing agenda item at practice meetings. This review identified several themes and patterns and a resulting in a six-point action summary.</p> <p>The practice was preparing to implement an in-house patient survey to review the impact of the changes made.</p>

### Involvement in decisions about care and treatment

Examples of feedback received:

Source	Feedback
Interviews with patients.	We spoke with four patients during the inspection and three members of the patient participation group. Verbal feedback aligned to the improving level of satisfaction which was highlighted in the improving NHS Choices reviews, NHS Friends and Family results and the written feedback we received. All the patients and members of the patient group we spoke with commented the care they received and thought staff were approachable, committed and caring.

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	<p>In September 2018, the practice patient population list was 15,200.</p> <p>The practice had identified 287 patients, who were also a carer; this amounted to approximately 2% of the practice list.</p>
How the practice supports carers	<p>Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer.</p> <p>New patient registration forms also included information to highlight if patients had caring responsibilities.</p>
How the practice supports recently bereaved patients	<p>Staff told us that if families had suffered bereavement, the practice contacted them. This may be followed by a patient consultation and/or by giving them advice on how to find a support service.</p>

### Privacy and dignity

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

Core practice Opening Times	
Day	Time
Monday	8am - 6.30pm
Tuesday	8am - 6.30pm
Wednesday	8am - 6.30pm
Thursday	8am - 6.30pm
Friday	8am - 6.30pm

### Extended hours opening:

The practice also provided morning appointments which started at 7am each weekday morning. Pre-bookable appointments were also available every Saturday between 8am and 2.30pm.

Furthermore, patients at the practice could access improved access appointments at primary care access hubs across Buckinghamshire. These improved access appointments were booked via the patients registered practice and offered a variety of appointments including up until 8pm Monday to Friday, selected hours on Saturdays and 9am until 1pm on Sunday and Bank Holidays.

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	
<p>The reception staff logged all requests for home visits on the computer record system. They alerted the practice paramedic of urgent requests. The paramedic triaged the requests and discussed appointment and home visit options with the duty doctor. The practice could contact the paramedic whilst they were out on home visits to update on the status of each request.</p> <p>There was also ring fenced, regular 'at home' reviews for high risk patients with 30-minute home visit appointments by the over 75's nurse.</p>	

### Any additional evidence or comments

The 2018 national GP patient survey results were published in August 2018 following the collection period between January 2018 and March 2018. Therefore, this data was collected prior to the current provider at the practice. The practice was aware of the results and had implemented various actions to improve access. For example:

- In April 2018, the practice implemented a new model of care with an innovation staff skill mix (dedicated vulnerable patients team; safeguarding nurse, paramedic and over 75's nurse) to meet the variety of patient's needs and increase access.
- Ring fenced 'at-home' 30-minute reviews by the over 75's nurse.
- Re-started weekly visits to the local care home (approximately 35 patients) with additional ad-hoc access if required.
- Dedicated long term condition clinics.
- Launched additional online services, focusing on online appointments, repeat prescription, test results and access to records.

Examples of feedback received from patients:

Source	Feedback
Patient feedback	<p>Prior to the inspection, we received information from a patient that access had not improved. This did not align to the verbal and written feedback and a review of the appointment system which indicated patients had access to initial assessment, test results, diagnosis and treatment.</p> <p>Patient feedback we received on the day of the inspection referred to wholesale changes and improved levels of satisfaction, specifically around telephone access and availability of appointments. This aligned to the improving reviews on NHS Choices and feedback collected through the NHS Friends and Family Test results.</p> <p>During the inspection we saw a variety of appointments were still available on the day of the inspection and the rest of the week.</p>

## Listening and learning from complaints received

Complaints	Y/N
Number of complaints received in the six months (April 2018 – September 2018)	26
Number of complaints we examined	3
Number of complaints we examined that were satisfactorily handled in a timely way	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman	0

### Additional comments:

There was a designated manager who handled all feedback received, including complaints and compliments. We saw examples of complaints made to the practice and looked at three in detail. We saw that complaints were dealt with according to policy and in line with best practice. The practice sought consent for complaints made on behalf of a third party. Complaints were discussed as a standing agenda item at practice meetings to share learning and as part of quality improvement.

There was information for patients about how to complain on the practice website, in the reception area and in the patient leaflet.

### Example of how quality has improved in response to feedback

There were six themes highlighted in patient feedback, collected via complaints, NHS Choices and the comments section in NHS Friends and Family Test results.

We saw each theme had completed actions in response to feedback. For example:

- One theme of negative feedback was regarding telephone access. In response to this feedback, the provider had invested in an improved telephone system which provided additional capacity, additional incoming telephone lines with enhanced telephone facilities.
- Another theme of negative feedback was regarding appointment access. In response to this feedback, there was a new appointments system including an improved online booking service. The new appointment system had a variety of appointments and reflected the new model of care at the practice. Reception staff had been trained to navigate patients to appropriate clinicians including care navigation and signposting to other services.
- Patient feedback we received on the day of the inspection included reference to both improved telephone access and the variety of appointments.



# Well-led

## Leadership capacity and capability

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

Although only six months into the contract the leadership team drove continuous improvement and all staff were accountable for delivering safe change. We saw the practice team was committed to meeting the needs of its population. This was evidenced through specific areas of improvement, themed and targeted services, clinical audits and health promotion. This also included a range of initiatives to meet the different patient groups who accessed the practice.

We saw a proactive and systematic approach to managing safety and patient demand whilst there was an unprecedented amount of change within the practice. All staff we spoke with wanted to work in partnership with the provider and the patients to navigate changes whilst ensuring the best possible care was always available.

## Vision and strategy

### Practice vision and values

The practice had a visible short term, medium term and long-term strategy and supporting business plans which reflected The Mandeville Practice values.

The practice vision and provider vision were interlinked and included a joint focus on patients, change and innovation.

The management team were ambitious and driven to succeed, they told us and evidence we collected during the inspection indicated they wanted to motivate, satisfy, retain and reward the practice team.

## Culture

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

The practice had a comprehensive meeting structure that allowed for staff to be supported in their roles, to have good communication within the practice and share learning and quality improvement. Staff were encouraged to feed back to leaders and at meetings; all staff were encouraged to contribute to meeting agendas.

There was a strong emphasis on the safety and well-being of all staff. Staff who transferred to the current provider acknowledged the welcome and support they had received during the transition period.

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

Source	Feedback
Staff feedback (verbal and written)	Staff stated they felt respected, supported and valued. They were proud to work in the practice, proud of the improvements made and were optimistic about the future. Staff commented on the online system that gave them easy access for example, to practice policies and meeting minutes. We were told clinicians were encouraged to suggest improvements to clinical online templates to record patient health information and related issues such as consent and information given at the time of consultation.
Meetings	We saw meeting minutes indicated all staff were included in practice learning and development. We saw praise was given to staff when appropriate. Staff suggestions were given consideration and implemented when agreed.

## Managing risks, issues and performance

Major incident planning	Y/N
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
Low level of completed mandatory training	Training needs assessment for all staff Monthly reviews of training, Training records uploaded onto the computer system Appointed an educational lead Additional in-house, external and online training for all staff
Limited health and safety assessments	Health and safety risk assessments completed Premises risk assessments completed Additional training for newly appointed health and safety champions Risk assessment presentations and awareness training to all staff
Out of date, non-specific practice policies	New practice policies drafted, reviewed and agreed by management team Policies shared with staff to review Policies converted to electronic formats with online capability to share with locum and temporary staff.

### Any additional evidence

The initial phase and short-term six month strategy included tools and systems which monitored and addressed inherited risks. The strategy included key milestones, thresholds, processes and plans to manage current and future performance. The current provider advised they did not anticipate the number and variety of risks that they had inherited.

### 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

#### Feedback from the Patient Participation Group

In April 2018, the practice relaunched the patient participation group (PPG). After advertising the first PPG meeting via text-online and written correspondence the meeting took place in July 2018. The practice team discussed the new model of care that had been introduced and future ongoing projects. Although currently small in numbers, the PPG included a diverse range of members.

We met with three members of the PPG during the inspection, they acknowledged the positive relationship they had already established with the practice. The PPG was looking forward to collaborative work with the practice team and wanted to produce positive improvements and enhancements in the level of service and care provided to all.

## Continuous improvement and innovation

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

Audit area	Improvement
Audit of asthma patients at risk of asthma exacerbation	This audit was completed by a GP who had a special interest in respiratory disease and a clinical pharmacist. This audit identified high risk patients following a review of all patients who have had an asthma diagnosis at the practice. This audit was used as a baseline for planned further work and asthma reviews. The first cycle of the audit highlighted four urgent recommendations and a high number of patients of patients with asthma who were not on any form of treatment. This audit resulted in patient recalls and in several cases, initiation of appropriate asthma treatment.
Hypertension audit	Revised hypertension protocol, including scheduled annual reviews, blood monitoring and diagnostics.
DMARD monitoring	Introduction of a specific DMARD medicines management protocol and allocated time for the prescription clerk and clinical pharmacist to schedule reviews and blood monitoring at appropriate timescales.

Any additional evidence
<p>The practice team was forward thinking and proud to be initiators of many pilot schemes to improve outcomes for patients in the area. This included a number of innovative schemes that had been implemented or were in the process of development within the practice in order to improve the care for their patients.</p>

## Notes: CQC GP Insight

GP Insight assesses a practice's data against all the other practices in England. We assess relative performance for the majority of indicators using a "z-score" (this tells us the number of standard deviations from the mean the data point is), giving us a statistical measurement of a practice's performance in relation to the England average. We highlight practices which significantly vary from the England average (in either a positive or negative direction). We consider that z-scores which are higher than +2 or lower than -2 are at significant levels, warranting further enquiry. Using this technique we can be 95% confident that the practice's performance is genuinely different from the average. It is important to note that a number of factors can affect the Z score for a practice, for example a small denominator or the distribution of the data. This means that there will be cases where a practice's data looks quite different to the average, but still shows as comparable, as we do not have enough confidence that the difference is genuine. There may also be cases where a practice's data looks similar across two indicators, but they are in different variation bands.

The percentage of practices which show variation depends on the distribution of the data for each indicator, but is typically around 10-15% of practices. The practices which are not showing significant statistical variation are labelled as comparable to other practices.

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	Comparable to other practices	$-2 < Z < 2$
4	Variation (negative)	$2 \leq Z < 3$
5	Significant variation (negative)	$Z \geq 3$
6	No data	Null

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

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

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.

- **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](#)).