

# Care Quality Commission

## Inspection Evidence Table

### Newham Medical Centre (1-4580023130)

Inspection date: 21 January 2019

Date of data download: 10 January 2019

## Overall rating: add overall rating here

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

### Safe

Rating: Good

#### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
Policies were in place covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
Systems were in place to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers. to support and protect adults and children at risk of significant harm.	Y

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>There was a lead GP Partner for safeguarding of both adults and children.</p> <p>Policies were accessible to all staff via a shared desktop folder.</p> <p>All staff had an up to date DBS check.</p> <p>There were safeguarding alerts on the system for children but not for vulnerable adults. However, there was a register for safeguarding both children and adults including those with a learning disability that had been reviewed.</p> <p>Monthly multidisciplinary team meetings took place with allied health and social care professionals.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
Systems were in place to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff who required medical indemnity insurance had it in place.	Y
<p>Explanation of any answers and additional evidence:</p> <p>A comprehensive recruitment process was implemented. Immunity status and appropriate medical indemnity insurance were in place for relevant staff.</p>	

Safety systems and records	Y/N/Partial
<p>There was a record of portable appliance testing or visual inspection by a competent person.</p> <p>Date of last inspection/test: 5 January 2019</p>	Y
<p>There was a record of equipment calibration.</p> <p>Date of last calibration: November 2018</p>	Y
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure in place.	Y
<p>There was a record of fire extinguisher checks.</p> <p>Date of last check: Jan 2018</p>	Y
<p>There was a log of fire drills.</p> <p>Date of last drill: 6 November 2018</p>	Y
<p>There was a record of fire alarm checks.</p> <p>Date of last check: 18 January 2018 (weekly)</p>	Y

There was a record of fire training for staff. Date of last training: 17 January 2019	Y
There were fire marshals in place.	Y
A fire risk assessment had been completed. Date of completion: October 2018	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: There were three designated fire marshals, and regular fire drill were undertaken as well as weekly testing of the fire alarm. A fire risk assessment was undertaken, and actions were followed up including to assure even and level flooring.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: November 2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: November 2018	Y
Explanation of any answers and additional evidence: There were no outstanding actions required in the health and safety risk assessment and Legionella water testing to ensure water safety was undertaken. There was no evidence of Control of Substances Hazardous to Health (COSHH) safety data sheets on site, but staff told us the contract cleaners were aware of COSHH and sent us evidence of relevant safety data sheets that were held off site and duplicated to hold on site for reference.	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit: 17 May 2018 and 10 January 2019	Y
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: Sharps/ needlestick injury advice posters were in clinical rooms. The practice was clean and tidy.	

The practice had taken improvement actions in response to infection control audits including to laminate handwashing signage in toilets and obtain and make staff aware of the location of spillage kits for use in the event of spillage of bodily fluids.

## Risks to patients

**There were adequate systems to assess, monitor and manage risks to patient safety.**

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted, and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
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.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Receptionists were aware of urgent symptoms such as chest pain, mental health including suicide risk, breathing difficulties and losing consciousness.</p> <p>There was a buddy system for staff members to plan leave cover together with oversight from the leadership and management team.</p> <p>Alerts for sepsis such as a “MEWS” scoring system were an integral part of the practice IT system.</p> <p>Clinical concerns were appropriately prioritised and brought to attention of GPs including hospital communications.</p> <p>There was a clinical emergency on the day of our inspection that was swiftly and appropriately managed including deployment of relevant staff and use of emergency equipment.</p>	

## Information to deliver safe care and treatment

**Staff had the information they needed to deliver safe care and treatment.**

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
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.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Effective fail-safe systems were in place to ensure samples sent for the cervical screening program results were received and followed up appropriately.</p> <p>Appropriate referral letters were seen on patients notes.</p> <p>Systems were in place for patients recall and checking their attendance of appointments.</p> <p>There was no backlog of patients test results.</p>	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.83	0.76	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial	11.9%	9.6%	8.7%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)				

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely, and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	N/A
There was a process in place for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures in place for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols in place for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y

Medicines management	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>There were no controlled drugs on the premises.</p> <p>There were no non-medical prescribers employed at the practice.</p> <p>Sharing practice audited broad spec prescribing lead.</p> <p>Six records for patients prescribed a range of high risk medicines showed they were appropriately monitored.</p> <p>One of the GP partners was leading on a quality improvement project within the local Clinical Commissioning Group (CCG) to raise awareness and improve systems to ensure safe prescribing in the region.</p> <p>Prescriptions were removed from printing trays when not in use and clinical room doors were kept locked.</p> <p>Patient Group Directions (PGDs) are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. We checked three PGDs for nursing staff administering pertussis, influenza and hepatitis A and Typhoid. All were in place, but the authorisation sheets had been detached from the remainder of the document. The pertussis PGD contained the correct authorisation sheet but had not been downloaded either to the hard copy or IT folder. One of the PGDs appeared to be from a different region and would therefore not be valid, however the correct region PGD was also available.</p>	

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

**The practice learned and made improvements when things went wrong.**

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	9
Number of events that required action:	9
<p>Explanation of any answers and additional evidence:</p> <p>Regular staff meetings were held and documented where significant events identified were discussed, followed up and improvement actions reviewed.</p>	

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

Event	Specific action taken
A medicine was prescribed to a patient in error.	No harm came to the patient. The error was identified by the pharmacist and staff apologised to the patient and investigated the incident that was found to be human error. The error was discussed at a meeting to raise awareness and prevent recurrence. The system for contraindications of medicines popups was tested and found to be working.
A patient got stuck in the lift.	Staff apologised to the patient and kept in contact with them until the lift company opened the door. No harm came to the patient. Staff reviewed and discussed the incident and found the patient may have been released sooner if the fire brigade had been called. The practice reviewed and updated its protocol to ensure the fire service would be called in future to ensure anyone trapped would be released without undue delay.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
Explanation of any answers and additional evidence: Management staff and clinical staff received, filtered, cascaded and followed safety alerts up. We saw several examples including relating to management of shigella illness and a medicine alert for sodium valproate.	

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was delivered in line with current legislation, standards and evidence-based guidance supported by clear pathways and tools.**

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
Appropriate referral pathways were in place to make sure that patients' needs were	Y



addressed.	
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Regular clinical meetings took place where best practice guidelines including NICE guidelines were discussed.</p> <p>Care and care plans were appropriate including for patients with asthma, cardiovascular disease, mental health concerns and frail elderly.</p>	

Prescribing	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) (01/10/2017 to 30/09/2018) (NHSBSA)	0.10	0.36	0.81	Significant Variation (positive)
<p>Explanation of any answers and additional evidence:</p> <p>Data showed the practice prescribing of hypnotics was relatively low which is a good performance indicator.</p>				

## Older people

Population group rating: **Good**

Findings
<ul style="list-style-type: none"> <li>The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.</li> <li>The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>Health checks were offered to patients over 75 years of age.</li> </ul>

## People with long-term conditions

Population group rating: **Good**

Findings
<ul style="list-style-type: none"> <li>Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.</li> <li>Staff who were responsible for reviews of patients with long-term conditions had received specific training.</li> <li>GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.</li> <li>The practice could demonstrate how they identified patients with commonly undiagnosed</li> </ul>

conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

<b>Diabetes Indicators</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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 (01/04/2017 to 31/03/2018) (QOF)	62.1%	71.4%	78.8%	Variation (negative)
Exception rate (number of exceptions).	4.3% (34)	6.9%	13.2%	N/A
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 (01/04/2017 to 31/03/2018) (QOF)	70.8%	79.8%	77.7%	No statistical variation
Exception rate (number of exceptions).	4.0% (32)	5.0%	9.8%	N/A
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 (01/04/2017 to 31/03/2018) (QOF)	69.8%	79.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	5.2% (41)	7.5%	13.5%	N/A
<b>Other long-term conditions</b>	<b>Practice</b>	<b>CCG average</b>	<b>England average</b>	<b>England comparison</b>
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, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	66.8%	78.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.3% (13)	3.0%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	81.8%	92.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	2.9% (1)	6.8%	11.5%	N/A
<b>Indicator</b>	<b>Practice</b>	<b>CCG</b>	<b>England</b>	<b>England</b>

		average	average	comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	77.3%	81.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.4% (24)	3.2%	4.2%	N/A
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 (01/04/2017 to 31/03/2018) (QOF)	78.0%	88.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	5.7%	6.7%	N/A

### Any additional evidence or comments

The practice performance was generally comparable to local and national averages except for blood sugar levels for patients with diabetes, which was below average. We also noted cholesterol testing for patients with diabetes was 10% lower than averages. However, unverified data held at the practice indicated it had improved diabetes care because the year to date performance indicators for patient's cholesterol testing and last IFCC-HbA1c is 64 mmol/mol or less were 87% and 86% respectively.

The practice had acted to improve diabetes performance by:

- Inviting the hospital consultant that had attended the practice to offer support.
- Changing its protocol to ensure relevant test results were sought for patients with diabetes in advance of their appointment to reduce delays.
- A dedicated practice nurse was taking the lead to oversee and monitor outcomes of improvement actions.

## Families, children and young people

Population group rating: **Good**

### Findings

- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
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The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018)(NHS England)	134	150	89.3%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	96	117	82.1%	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) (01/04/2017 to 31/03/2018) (NHS England)	99	117	84.6%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	100	117	85.5%	Below 90% minimum (variation negative)

#### Any additional evidence or comments

Childhood immunisation uptake rates were slightly below the World Health Organisation (WHO) targets. Staff were aware of this and told us the practice had a transient population which is a challenge across the locality, can make reaching the target more challenging, and some patients tended to refuse a vaccine. Improvement actions included a new Saturday morning clinic that had been organised and included longer amalgamated appointments to address mother's post-natal checks, eight-week baby checks, and child immunisations in one appointment to encourage uptake, for patient's convenience, and to make the most efficient use of appointments.

### Working age people (including those recently retired and students)

Population group rating: **Good**

#### Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
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The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)	56.8%	64.0%	72.1%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	54.4%	59.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	51.9%	44.1%	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)	42.9%	72.8%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	28.6%	43.4%	51.9%	No statistical variation

### Any additional evidence or comments

The practice was aware of its below and lower than average cervical screening data and cancer data. The practice had acted to improve including through:

- Delegating the healthcare assistant staff to telephone and write to patients to encourage uptake of cancer screening.
- Implementing systems to correct historic cervical screening (smear test) coding errors for patients that had been incorrectly coded as not wanting a smear and inviting them back again.

Locally held, more recent unverified data indicated the practice was improving such as:

- In the reporting year to date, the percentage of patients with cancer that had a review occurring within 6 months of the date of diagnosis had increased from 42.9% to 90%.
- In the reporting year to date, cervical screening QOF performance was 80%.

The practice had good working partnerships with local hospice nurses that supported the practice for its patients experiencing palliative care at the end of life.

The Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE) lower percentage indicated the practice was relatively likely to refer patients it had any concerns about for investigations.

### People whose circumstances make them vulnerable

Population group rating: Good

### Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless

people and those with a learning disability.

- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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

Population group rating: **Good**

### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

Mental Health Indicators	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 (01/04/2017 to 31/03/2018) (QOF)	84.2%	90.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	5.0% (4)	8.4%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	87.0%	91.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.8% (3)	4.9%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	77.8%	84.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	4.3%	6.6%	N/A

### Any additional evidence or comments

Comprehensive care plans were in place for patients with mental health problems.

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## Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided/There was limited monitoring of the outcomes of care and treatment.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	481.3	-	537.5
Overall QOF exception reporting (all domains)	6.4%	5.0%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Y
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Y
Any additional evidence or comments	
The practice took part in a local TB screening program.	
The practice had undertaken ten two cycle clinical audits in the last two years including for patient's antibiotics prescribing, and patients diabetes, COPD, and asthma care.	

Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years:

Audit area	Impact
To review and reduce hospital admissions of patients with an acute admission due to asthma in the year.	In the first audit cycle there had been five patients admitted into hospital due to a severe asthma attack in the preceding year. Clinicians discussed, reviewed and optimised care for patients with asthma considering best practice guidelines. In the second audit cycle the number of patients admitted into hospital due to a severe asthma attack had reduced to two.
To ensure prescribing of a specific medicine in line with best practice guidelines to minimise harm or addiction risk to patients.	Clinicians planned the audit and checked relevant clinical best practice guidance. In the first audit cycle 20 patients were prescribed the medicine but only 11 patients needed it so the remaining nine were stopped. In the second cycle audit the number of patients prescribed the medicine was 11.

## Effective staffing

The practice was able to demonstrate that staff had the skills, knowledge and

## experience to carry out their roles.

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	N/A
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence:	
We saw staff were able to manage data and by using internal systems effectively in accordance with their roles. For example, referrals to other services that were prompt, and well documented and followed up.	
The practice regularly audited cervical screening "inadequate" sample tests and rates were low which indicated sample takers competence.	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y



## Helping patients to live healthier lives

### Staff were consistent and proactive in helping patients to live healthier lives.

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
Explanation of any answers and additional evidence:	
There was varied health promotion in the reception area including relating to immunisations and common ailments.	
Patients feedback and care plans indicated staff encouraged and educated patients appropriately to help patients live healthier lives.	
Patients were referred to local pharmacists for stop smoking services. Staff were using resources and opportunities to discuss and promote patients quitting smoking including posters and a water jar full of old cigarette butts highlighting the tar and other harmful chemicals in cigarette smoke.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.1%	96.6%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.9% (15)	0.7%	0.8%	N/A

## Consent to care and treatment

### The practice was able to demonstrate that it obtained consent to care and treatment in line with legislation and guidance.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and	Y

recorded a patient's mental capacity to make a decision.	
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: We checked records for cervical screening and immunisations and saw evidence patients consent was sought and recorded.	

## Caring

## Rating: Good

### Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
<b>CQC comments cards</b>	
Total comments cards received.	
Number of CQC comments received which were positive about the service.	25
Number of comments cards received which were mixed about the service.	4
Number of CQC comments received which were negative about the service.	1

Source	Feedback
1. GP Patient Survey results.	Clinical and non-clinical staff are kind, caring and respectful.
2. Patient CQC comment cards and interviews with two patients.	Patients said staff were caring and kind. Many patients mentioned a specific receptionist that was exceptionally caring.
3. NHS Choices	The practice scored four of a possible five stars for patients feeling treated with dignity and respect.

### National GP Survey results

**Note:** The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey

methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9615	426	74	17.4%	0.77%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	83.3%	82.2%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	82.6%	79.3%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	94.1%	92.4%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	76.1%	73.8%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y
Any additional evidence	
The practice manager was new into the role and had immediately undertaken a practice patient satisfaction survey throughout December 2018. The practice had not yet analysed the results in favour of dealing with more urgent demands. This was in line with the practice strategy and action plan with the practice patients survey results due to be analysed and inform improvements by end January 2019.	

### Involvement in decisions about care and treatment

**Staff helped patients to be involved in decisions about care and treatment.**

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care,	Y

treatment and condition, and any advice given.		
Staff helped patients and their carers find further information and access community and advocacy services.		Y
Explanation of any answers and additional evidence: There was carers notice board in the reception area that contained relevant local information for carers.		
Source	Feedback	
1. GP Patient Survey results.	Patients are involved in their care though being listened to and options explained.	
2. Patient CQC comment cards and interviews with two patients.	Patients said staff were professional and that they were confident about the care they received.	
3. NHS Choices	The practice scored four of a possible five stars for patients feeling involvement in their care.	

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	82.4%	86.7%	93.5%	Variation (negative)

### Any additional evidence or comments

In November 2018 the practice acted to improve patients feeling involved in GP appointments by making more appointments available on the day. Staff including GPs had discussed the issue in a meeting to raise GPs awareness and agreed to more actively involve patients during consultations. Staff undertook a patient satisfaction survey during December 2018 but at the time of our inspection had not yet collated and evaluated the outcomes.

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

Carers	Narrative
Percentage and number of carers identified	The practice register of all patients who are carers is 109 patients, 1% of the practice list size.

How the practice supports carers	The practice had a designated carers noticeboard and staff carer's champion; it offered carers health checks, an annual flu vaccination, a carers pack and signposted carers to a local carers group for any additional support.
How the practice supports recently bereaved patients	GP contacts the patient. Where appropriate/ desired a patient consultation at a flexible time and location to meet the family's needs. By giving the patient advice on how to find a support service.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
Explanation of any answers and additional evidence: There was a demarcated area to signal only one patient at a time to approach the reception desk.	

## Responsive

## Rating: Good

### Responding to and meeting people's needs

### The practice organised and delivered services to meet patients' needs.

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence: There was a disabled parking bay and step free access. Premises were arranged over the ground and first floor and there was a lift to allow patients access to consulting rooms on the first floor. There were baby changing and breast-feeding areas.	

Practice Opening Times	
Day	Time
<b>Opening times:</b>	
Monday	8am to 7pm
Tuesday	8am to 7pm
Wednesday	8am to 7pm
Thursday	7.30am to 4pm
Friday	8am to 7pm
Weekends	CLOSED
<b>Appointments available:</b>	
Monday	8.30am to 1pm and 2.30pm to 6.30pm
Tuesday	8.30am to 1pm and 2.30pm to 6.30pm
Wednesday	8.30am to 1pm and 2.30pm to 6.30pm
Thursday	8am to 12pm and 12.30pm to 3.30pm
Friday	8.30am to 1pm and 2.30pm to 6.30pm
Weekends	CLOSED
<b>Any additional evidence</b>	
Extended hours appointments are provided by the practice. The local Newham GP Co-operative provides extended hours appointments 8am to 8pm Monday to Sunday.	

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
9615	426	74	17.4%	0.77%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	87.9%	91.4%	94.8%	No statistical variation

#### Older people

**Population group rating: Good**

Findings
<ul style="list-style-type: none"> <li>Patients had a named GP who supported them in whatever setting they lived.</li> <li>The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.</li> </ul>

- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service via local pharmacists for housebound patients.

## People with long-term conditions

Population group rating: Good

### Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

## Families, children and young people

Population group rating: Good

### Findings

- Extended hours appointments are provided for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

## Working age people (including those recently retired and students)

Population group rating: Good

### Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 7pm on every weekday except Thursday and from 7.30am on Thursday. Pre-bookable appointments were also available to all patients at additional locations within the area 8am to 8pm Monday to Sunday.

## People whose circumstances make them vulnerable

group rating: Good

Population

### Findings

- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

## People experiencing poor mental health (including people with dementia) Population group rating: Good

### Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

### Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: The practice had scheduled a company to come and quote to add an additional telephone line to improve patients telephone access.	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it	52.4%	55.7%	70.3%	N/A



Indicator	Practice	CCG average	England average	England comparison
was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)				
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	60.6%	60.0%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	71.5%	61.7%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	70.2%	63.4%	74.4%	No statistical variation

Source	Feedback
1. GP Patient Survey results. 2. Patient CQC comment cards and interviews with patients.	Were in line with local and national averages for patient's access. Feedback demonstrated that patients were satisfied with current arrangements that had improved recently for telephone and online access.

### Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	9
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

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient felt the way a GP explained	The practice contacted the patient promptly to acknowledge the

their condition and recommended lifestyle changes was rude.	complaint. A GP reviewed the appointment which was appropriate in terms of recommendations however the practice apologised to the patient and GP explained they had not meant to be rude.
A patient wanted to discuss multiple issues during an appointment.	The practice acknowledged the complaint promptly and investigated. The patient did have several issues to discuss however clinicians had prioritised issues considering patients' feedback and there was insufficient time to cover all the issues. The practice contacted the patient to explain and apologise and suggested an additional appointment.

## Well-led

## Rating: Good

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme in place, including a succession plan.	Partial
Explanation of any answers and additional evidence:	
There was no contingency plan for the event of unplanned absence or leaving of a GP partner.	

### Vision and strategy

**The practice had a clear vision and credible strategy to provide high quality sustainable care.**

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy in place to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence:	
The practice had appropriate continuous professional development arrangements in for both clinical and non-clinical staff which maintained the quality of care afforded to all patient groups. Practice staff confirmed they wanted to do all they could to ensure patients had the right care when they needed it	

most. Staff were able to articulate the values and priorities of the practice. The practice was aware of areas it needed to improve and had taken steps to do so.

## Culture

**The practice had a culture which drove high quality sustainable care.**

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y

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

Source	Feedback
A range of non-clinical and clinical staff.	Staff felt it was a friendly, professional and happy place to work. The receptionists informed us that the practice manager and GPs were very supportive.
Open door policy.	Encouraged openness and support for staff across all roles to approach and discuss any issues with leaders and managers.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems in place which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
The practice had undertaken a data cleansing exercise to ensure it accurately identified 109 patients that were carers on its register.	
There were regular meetings that were documented with actions agreed followed up.	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems in place which were regularly reviewed and improved.	Y
There were processes in place to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
The major incident plan included a buddy arrangement with a nearby practice and links with the local hospital, hard copies were held off site by both leadership and management staff.	

## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
The practice was aware elements of its clinical performance and patient satisfaction data and was using this to improve and was able to gather information appropriately to measure performance and track improvement.	

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

**The practice involved the public, staff and external partners to sustain high quality and sustainable care.**

	Y/N/Partial
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Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence:	
Staff suggested weekly “huddle” meetings that were implemented to timely sharing of communications and changes.	
Practice nursing staff suggested better monitoring for patients with diabetes by ensuring relevant test results were sought in advance of their appointment and to reduce delays, which had been implemented.	

Feedback from Patient Participation Group.

Feedback
The PPG were complimentary about the practice and its staff and told us there was a positive and proactive partnership working relationship.
The PPG had submitted proposals for improving the reception area and seating layout that were implemented, and health promotion events which they felt were important and planned to support the practice to continue to deliver.

## Continuous improvement and innovation

### There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
A GP partner was leading work within the local area to develop and improve protocols for prescribing high risk medicines.	

#### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

	Variation Band	Z-score threshold
1	Significant variation (positive)	$Z \leq -3$
2	Variation (positive)	$-3 < Z \leq -2$
3	No statistical variation	$-2 < Z < 2$
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:

<https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

#### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.