

Care Quality Commission

Inspection Evidence Table

Hatton Medical Practice (1-542170100)

Inspection date: 16 October 2018

Date of data download: 16 October 2018

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

At the last inspection in September 2017 we rated the practice as requires improvement for providing safe services because:

- There were deficiencies in managing prescription security
- Mandatory update training for most staff was overdue at the time of inspection
- Agreed actions were not recorded following discussions of significant events at practice meetings
- There were deficiencies in monitoring cleaning schedules
- There was no carbon monoxide monitor by the boiler

At this inspection, we found that the provider had satisfactorily addressed these areas.

Safe

Rating: Good

Safety systems and processes

The practice had clear 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.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
Policies were in place covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example level three child safeguarding for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
Systems were in place to identify vulnerable patients on record.	Yes

There was a risk register of specific patients.	Yes
Disclosure and Barring Service (DBS) checks were undertaken where required	Yes
Staff who acted as chaperones were trained for their role.	Yes
The provider had regular discussions with health visitors, school nurses, community midwives, social workers etc. to support and protect adults and children at risk of significant harm.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • A GP partner was the safeguarding lead. • All staff underwent annual safeguarding training and the safeguarding lead facilitated regular updates. • Since our last inspection, the practice closely monitored staff training to ensure all mandatory training was up to date. 	

Recruitment systems	Y/N/Partial
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 required medical indemnity insurance had it in place.	Yes
Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/Test: September 2018	Yes
There was a record of equipment calibration. Date of last calibration: September 2018	Yes
Risk assessments were in place for any storage of hazardous substances e.g. liquid nitrogen, storage of chemicals.	Yes
Fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: October 2018	Yes
There was a log of fire drills. Date of last drill: February 2018	Yes
There was a record of fire alarm checks. Date of last check: October 2018	Yes (smoke alarms)
There was a record of fire training for staff.	Yes

Date of last training: 2018	
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion: July 2018 by external company	Yes
Actions from fire risk assessment were identified and completed.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice carried out a fire drill procedure which involved a fire marshal sounding a manual alarm and alerting staff and patients to evacuate the building (although individuals were not required to evacuate). There was a log to record this weekly procedure. • Fire evacuation drills were carried out annually. The practice had discussed the last fire drill at a practice meeting and there were meeting minutes to confirm this. During our inspection the practice created a template to record all future fire evacuation drills. • An action plan had been created following the last fire risk assessment. Some recommendations had been completed such as carrying out fire drills and purchasing new fire safety equipment. Some maintenance actions remained outstanding, such as replacing internal doors, and the practice were awaiting an improvement grant to assist with this work. The action plan stated a builder had been booked to carry out the work and remaining actions would be completed by April 2019. 	
<p>Health and safety</p> Premises/security risk assessment carried out. Date of last assessment: November 2017	Yes
Health and safety risk assessment and actions Date of last assessment: November 2017	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Five yearly electrical installation checks. Date of last assessment: September 2017 • Annual gas safety check. Date of last service: September 2018 • Since our last inspection, the practice now had a carbon monoxide monitor by the boiler 	

Infection control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
Infection risk assessment and policy in place	Yes
Staff had received effective training on infection control.	Yes
Date of last infection control audit: May 2018	
The provider had acted on any issues identified in infection control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Most recommendations from the infection control audit had been completed. For example, a 	

legionella risk assessment, cleaning products assessment, plugs removed from wash basins, staff training on protective clothing, and rearranging the contents of the vaccine fridge. A recommendation for the flooring and walls in clinical rooms to be compliant with infection control guidelines was being reviewed and the practice had applied for an improvement grant to assist in refurbishing these rooms.

- The practice employed cleaning staff to clean the premises. Since our last inspection, daily cleaning schedules were maintained (signed and dated) and checked by the provider.

Risks to patients

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

Question	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Partial
Clinicians knew how to identify and manage patients with severe infections including sepsis.	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
There was a process in the practice for urgent clinician review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	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
When there were changes to services or staff the provider assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Panic alarms were fitted and administrative staff understood how to respond to the alarm. However, a receptionist was unclear on where the emergency oxygen was stored. • Clinicians had access to a validated sepsis tool through the IT system which automatically activated when certain pieces of information were inputted into the records. 	

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.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The provider 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 provider ensured the safe use of medicines.

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) NHS Business Service Authority - NHSBSA)	0.81	0.79	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)	4.3%	8.4%	8.7%	Variation (positive)

Medicines management	Y/N/Partial
The provider had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
Prescriptions (pads and computer prescription paper) were kept securely and monitored.	Yes
There was a process for the management of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example audits for unusual prescribing, quantities, dose, formulations and strength).	Yes

There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were systems for the safe ordering, checks on receipt, storage, administration, balance checks and disposal of these medicines in line with national guidance.	N/A
Up to date local prescribing guidelines were in use.	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
Patients were appropriately informed when unlicensed or off-label medicines were prescribed.	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.	No
Both were checked regularly and this was recorded.	Yes (oxygen)
Medicines that required refrigeration were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective in use.	Yes
Patients' health was monitored in relation to the use of medicines and followed up on appropriately.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Since our last inspection the practice had improved prescription paper security and kept a log of serial numbers and who was accountable for the prescriptions taken from the main supply. The individual was responsible for keeping the prescriptions secure (locked) in their relevant rooms. • During the inspection we highlighted that the practice had not risk assessed why a more comprehensive supply of emergency medicines was not kept. This was rectified immediately with the practice risk assessing what emergency medicines were most relevant to the service and purchasing these medicines. • During the inspection we highlighted that the practice had not risk assessed why a defibrillator was not available. The practice made the decision to purchase a new defibrillator during the inspection and sent us evidence once this had been received. 	

Dispensary services (where the practice provided a dispensary service)	Y/N/Partial
There was a GP responsible for providing effective leadership for the dispensary.	N/A
Access to the dispensary was restricted to authorised staff only.	N/A
The practice had clear Standard Operating Procedures for dispensary staff to follow.	N/A
The practice had a clear system of monitoring compliance with Standard Operating	N/A

Procedures.	
Prescriptions were signed before medicines were dispensed and handed out to patients. There was a risk assessment or surgery policy for exceptions such as acute prescriptions.	N/A
If the dispensary provided medicines in weekly or monthly blister packs (Monitored Dosage Systems) there were systems to ensure appropriate and correct information on medicines were supplied with the pack.	N/A
Staff were aware of medicines that were not suitable for inclusion in such packs and had access to appropriate resources to identify these medicines. Where such medicines had been identified staff provided alternative options that kept patients safe.	N/A
The home delivery service, or remote collection points, had been risk assessed (including for safety, security, confidentiality and traceability).	N/A
Information was provided to patients in accessible formats e.g. large print labels, braille labels, information in variety of languages etc.	N/A
There was the facility for dispensers to speak confidentially to patients and protocols described process for referral to clinicians.	N/A

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.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months.	Two
Number of events that required action	Two
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Since our last inspection, the practice now recorded the actions taken following discussions of significant events at practice meetings. Significant events were a standing agenda item at staff meetings and all staff were invited to attend meetings when significant events were discussed. • Staff said when things went wrong at the practice there was a culture of openness and support. 	

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

Event	Specific action taken
Accidental spillage of cervical smear	Apology to patient, three-month recall explained to patient,

sample caused by unsecure paper towel dispenser	spillage cleaned as per practice's infection control guidelines, senior staff and infection control lead notified, paper towel dispenser examined (lid not secured by cleaners), cleaners notified of incident, reminder sticker placed on unit to remind individuals to secure lid after restocking, discussed in practice meeting.
Smear test results from sample taken at family planning clinic not received	Practice located result from the cervical smear central office, nurse at family planning clinic had failed to add GP details to sample, patient informed about incident and results (negative), letter of incident sent to family planning clinic to review their systems, discussed in practice meeting, staff informed that queries relating to delayed test results should be brought to the attention of the practice manager or lead GP.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understand how to deal with alerts.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> There was a system for disseminating safety alerts to relevant staff and we saw evidence that the practice acted to identify and notify patients affected by alerts. Following our inspection, the practice created a log which contained details of historic alerts, the staff member responsible for acting on the alert, how the information was disseminated to the team and the outcome. 	

Effective

Rating: Good

Please note: QOF data relates to 2016/17 unless otherwise indicated

Effective needs assessment, care and treatment

Peoples' needs were assessed, and care and treatment delivered in line with current legislation, standards and evidence-based guidance.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Clinical staff were aware of the benefits of social prescribing and had links to community groups and support networks. 	

Effective needs assessment, care and treatment

Prescribing				
Indicator	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/07/2017 to 30/06/2018) (NHSBSA)	0.35	0.67	0.83	Variation (positive)

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> The practice had a lower percentage of patients aged 75 and over (4%) when compared with the national average (8%). Older patients who were frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication. 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.

- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

People with long-term conditions

Population group rating: Good

Findings

- 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.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. Clinical staff opportunistically offered reviews if patients had failed to attend previous appointments.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- People with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated as appropriate.
- The practice followed up on patients with long-term conditions discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example, diabetes, chronic obstructive pulmonary disease, atrial fibrillation and hypertension.
- The practice's performance on quality indicators for long term conditions was in line with local and national averages.

Diabetes Indicators

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	79.9%	75.3%	79.5%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	6.7% (18)	7.7%	12.4%	
Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading	81.0%	74.2%	78.1%	Comparable with other practices

(measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	5.2% (14)	7.5%	9.3%	

Indicator	Practice performance	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2016 to 31/03/2017) (QOF)	84.6%	75.1%	80.1%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	7.5% (20)	8.8%	13.3%	

Other long term conditions				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2016 to 31/03/2017) (QOF)	77.6%	75.9%	76.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.7% (1)	3.3%	7.7%	
Indicator	Practice	CCG average	England average	England comparison
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 (01/04/2016 to 31/03/2017) (QOF)	90.0%	89.2%	90.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.2% (1)	8.7%	11.4%	

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2016 to 31/03/2017) (QOF)	77.1%	81.6%	83.4%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	3.9% (20)	3.5%	4.0%	
Indicator	Practice	CCG average	England average	England comparison
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2016 to 31/03/2017) (QOF)	100.0%	86.5%	88.4%	Variation (positive)
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	23.1% (3)	6.6%	8.2%	

Families, children and young people

Population group rating: Requires improvement

Findings
<ul style="list-style-type: none"> 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				
Indicator	Numerator	Denominator	Practice %	Comparison to WHO target
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) (01/04/2016 to 31/03/2017)(NHS England)	42	49	85.7%	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) (01/04/2016 to 31/03/2017) (NHS England)	10	50	20.0%	Below 80% (Significant variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	46	50	92.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	44	50	88.0%	Below 90% minimum (variation negative)

Any additional evidence or comments

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for three out of four vaccines given to children under two years were below the target percentage of 95% (2016/17 data). The practice disputed the data for pneumococcal infection immunisation stating errors with the published figures.
- Data for 2017/18 showed uptake rates had improved in some areas but remained below the target percentage of 95% in three out of four areas:

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) (01/04/2016 to 31/03/2017)(NHS England)	93%
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2016 to 31/03/2017) (NHS England)	79%
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2016 to 31/03/2017) (NHS England)	84%
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2016 to 31/03/2017) (NHS England)	87%

- The practice was aware their uptake rates for childhood immunisations were below the target rate and had been working to improve uptake rates by offering appointments out of school hours and identifying gaps in immunisation history for newly registered children. Practice leaders continually

monitored progress as part of the practice's development plan.

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

Indicator	Practice	CCG average	England average	England comparison
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)	61.3%	63.6%	72.1%	Comparable with other practices
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	63.7%	67.3%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (PHE)	37.3%	45.0%	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)	90.9%	70.4%	71.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	50.0%	48.0%	51.6%	Comparable with other practices

Any additional evidence or comments

- The practice's uptake for cervical screening was 61%, which was below the 80% coverage target for the national screening programme. We were told the patient demographic (where there was a wide ethnic mix) were difficult to engage and had contributed to low uptake rates. The practice was aware of their performance and were continually reviewing their processes to engage these patients and improve uptake. For example, improving access to a female sample taker, requesting guidance from the CCG, reviewing the recall system, opportunistic screening during consultations by GPs and nurses, staff training and displaying health promotion material in the waiting area. Unverified and unpublished practice data for 2017/18 showed uptake rates had improved to 67%.
- The practice's uptake for breast cancer screening was comparable to the national average.

- The practice's uptake for bowel cancer screening was below the national average. The practice proactively contacted patients who failed to return the initial bowel cancer screening kit, offered patients opportunistic screening during consultations, and displayed health promotion material in the waiting area. The lead GP and practice manager had also attended training sessions on improving cancer screening uptake. Unverified and unpublished practice data showed uptake rates had improved from 26% to 35%.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered annual health checks and longer appointments to patients with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

Population groups - 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.
- The practice worked with hospital and community mental health teams to support people experiencing poor mental health.
- 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				
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	90.9%	87.5%	90.3%	Comparable with other practices

QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (1)	8.2%	12.5%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	90.9%	92.9%	90.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	8.3% (1)	5.9%	10.3%	
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)	85.7%	85.0%	83.7%	Comparable with other practices
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0 (0)	10.6%	6.8%	

Any additional evidence or comments
<ul style="list-style-type: none"> The practices performance on quality indicators for mental health was in line with local and national averages.

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.

Question	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	535	536	539
Overall QOF exception reporting (all domains)	4.7%	5.0%	5.7%

Any additional evidence or comments

- At the time of the inspection the most recent published QOF results (2016/17) were 96% of the total number of points available which was in line with the clinical commissioning group (CCG) and national averages.
- Overall exception reporting was 5% (CCG average 5%; national 6%) and clinical exception reporting was 6% (CCG average 7%; national 10%). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate).

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

Improvement activity
<ul style="list-style-type: none"> • Several audits had been undertaken in the following areas: urinary incontinence, osteoporosis, osteopenia, reducing medicines related harm, and identifying new non-diabetic hyperglycaemia. • These activities had resulted in changes to diagnostic screening, medicines and clinical management of patients, in line with guidance.
<ul style="list-style-type: none"> • A practice development plan was regularly updated with deficiencies identified within the service, action plans to address these, and a continuous review to monitor improvement. Areas to improve included: diagnosis of patients with specific conditions (atrial fibrillation, COPD, and depression), identifying carers, prescription security, addressing patients who did not attend appointments, updating patients' mobile numbers, clinical waste storage, insufficient nursing hours, childhood immunisation and cancer screening uptake, recalls for health screening, care planning, demand and capacity, and internal communication. The practice had made progress in improving most areas and was continually monitoring the changes implemented to ensure these were sustained.

Effective staffing

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.	Yes
The learning and development needs of staff were assessed	Yes
The provider had a programme of learning and development.	Yes
There was an induction programme for new staff. This included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to appraisals, one to one, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes

For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Staff signposted patients to services accepting self-referrals. For example, maternity care, and alcohol and substance misuse services. 	

Coordinating care and treatment

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

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

	Y/N/Partial
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.	Yes
Care was delivered and reviewed in a co-ordinated way when different teams, services or organisations were involved.	Yes
The practice had regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register were discussed.	Yes

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 be in need of 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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes

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,	95.9%	95.7%	95.3%	Comparable with other practices

COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2016 to 31/03/2017) (QOF)				
QOF Exceptions	Practice Exception rate (number of exceptions)	CCG Exception rate	England Exception rate	
	0.5% (4)	0.9%	0.8%	

Consent to care and treatment

The practice 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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes

Caring

Rating: Good

At the last inspection in September 2017 we rated the practice as requires improvement for providing caring services because:

- Data from the national GP patient survey showed patients rated the practice lower than others in relation to a number of aspects of caring.
- The percentage of carers identified was low.

At this inspection, we found that the provider had reviewed these areas and patient feedback and the number of carers identified had improved.

Kindness, respect and compassion

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

CQC comments cards	
Total comments cards received	23
Number of CQC comments received which were positive about the service	22
Number of comments cards received which were mixed about the service	1
Number of CQC comments received which were negative about the service	0

Examples of feedback received

Source	Feedback
Comment cards	The comment cards received were largely positive. Patients said they felt all staff were caring, friendly and helpful. They described examples where they were listened to and treated with respect, dignity and kindness. One card provided mixed feedback, with the negative element relating to the behaviour of reception staff previously employed at the practice.
Patient interviews and Patient group	We spoke with 10 patients who told us the practice worked with and supported patients and their families to achieve the best outcome for patients. The GP partners received praise for their thorough, caring and professional approach to consultations.

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 has changed in 2018. This means that we cannot be sure whether the change in scores was due to the change in methodology, or was due to a genuine change in patient experience.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4562	378	100	26.5%	2.19%

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)	74.3%	84.6%	89.0%	Variation (negative)
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	72.5%	82.9%	87.4%	Comparable with other practices
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)	88.3%	93.0%	95.6%	Comparable with other practices
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)	67.8%	80.0%	83.8%	Comparable with other practices

Any additional evidence or comments

The GP patient survey showed improvement in some areas related to caring questions, although satisfaction remained low in questions relating to the healthcare professional listening and involving patients in decisions about their care and treatment.

The comment cards received and the patients we spoke with described positive examples where they were listened to and treated with respect by the GPs.

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

Date of exercise	Summary of results
October 2018	45 responses received <ul style="list-style-type: none"> 93% of respondents found it easy to get through to the surgery by phone (improved from 79% in 2017)

	<ul style="list-style-type: none"> • 78% of respondents were aware that they could contact the practice via e-mail • 77% of respondents had signed up to online services • 95.6% of respondents found the receptionists helpful (improved from 75% in 2017) • 96% of respondents found booking their last appointment easy or fairly easy • 82% of respondents had to wait under 10 mins to be seen at their last appointment (improved from 48% in 2017) • 100% of respondents found the time of their last appointment very convenient or fairly convenient <p>The results from the practice's annual survey and the national GP patient survey were reviewed and the practice created an action plan to address areas of low satisfaction. These included improving the following areas: telephone system, online services, understanding the needs of patients with mental health needs, and appointment availability.</p>
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Involvement in decisions about care and treatment

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

Examples of feedback received:

Source	Feedback
Comment cards and interviews with patients	Patients were positive about the involvement they had in their care and treatment. They said the GPs explained their condition and treatment and they were involved in decisions about their treatment.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that 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)	78.5%	89.8%	93.5%	Variation (negative)

Question	Y/N/Partial
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 other languages and in easy read format.	Partial
Information about support groups was available on the practice website.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Information leaflets in other languages and in easy read format were available on request. The self-check in system allowed for check-in in languages relevant to the patient demographic (English, Punjabi and Hindi) Information about support groups was also available in the practice. 	

Carers	Narrative
Percentage and number of carers identified	196 carers identified (4% of practice population)
How the practice supports carers	<ul style="list-style-type: none"> Carers were supported and offered health checks, influenza vaccinations, and referral to support agencies. Staff signposted patients to local events for carers hosted by the CCG. Further sources of support and information were available in the waiting area.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The GPs would contact the relatives or offer a bereavement visit to the family. Flexible appointments were available on request and the practice signposted patients to support services.

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.	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

	Narrative
Arrangements to ensure confidentiality at the reception desk	Patients had access to a separate room should they need to discuss anything in private. There was a notice at the reception desk informing patients of this.

Source	Feedback
CQC comment cards and patients spoken with on day of inspection	Patients told us their privacy and dignity was respected.

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The facilities and premises were appropriate for the services being delivered.	Partial
The practice made reasonable adjustments when patients found it hard to access services.	Yes
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.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The floors and walls in some clinical rooms were not fully compliant with infection control guidelines. The practice had applied for funding to assist in refurbishing these areas. • Patients with mobility difficulties were seen in a ground floor consulting room. 	

Practice Opening Times	
Day	Time
Appointments available:	
Monday	08:00 – 18:30
Tuesday	08:00 – 18:30
Wednesday	08:00 – 18:30
Thursday	08:00 – 18:30
Friday	08:00 – 18:30
Extended hours opening	Saturday 08:30 – 13:30

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4562	378	100	26.5%	2.19%

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	88.1%	92.8%	94.8%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
were met (01/01/2018 to 31/03/2018)				

Older people

Population group rating: Good

Findings

- All older patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- There was a medicines delivery service arranged by pharmacies for housebound patients.

Population groups - People with long-term conditions

Population group rating: Good

Findings

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Clinicians would opportunistically review patients if necessary when they had failed to attend for reviews.
- Multiple conditions were reviewed at one appointment and consultation times were flexible to meet each patient's specific needs.
- The practice liaised regularly with the local district nursing team 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.

Population groups – Families, children and young people

Population group rating: Good

Findings

- 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.
- Parents or guardians calling with concerns about a child under five were offered a same day appointment when necessary.
- Children subject to protection plans were highlighted in clinical records.

Population groups – 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. For example, extended opening hours on Saturday morning.
- Telephone consultations were available which supported patients who were unable to attend the

practice during normal working hours.

- Patients could also be booked an evening or weekend appointment with a GP or nurse at one of the local hub services.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people 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 people with a learning disability.
- When patients wanted to discuss sensitive issues, or appeared distressed reception staff offered them a private room to discuss their needs.

Population groups - People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- All clinical staff had undertaken training in mental capacity.

Timely access to the service

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

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	49.8%	69.7%	70.3%	Comparable with other practices
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)	59.1%	66.5%	68.6%	Comparable with other practices
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment	57.2%	66.6%	65.9%	Comparable with other practices

Indicator	Practice	CCG average	England average	England comparison
times (01/01/2018 to 31/03/2018)				
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)	60.5%	69.4%	74.4%	Comparable with other practices

Any additional evidence or comments
<ul style="list-style-type: none"> The practice was aware that patient feedback received from the national GP patient survey showed some patients experienced difficulties accessing appointments. The practice was trying to address this by carrying out audits of patient demand and capacity which reviewed the type of appointment requested (same day or pre-bookable) and the health professional requested (GP, nurse, HCA, or other) against the number of available appointments. The results showed there was sufficient availability of the appointments requested during the audit period. The practice repeated this audit regularly to ensure the availability of appointments met patient demand. The practice also created an information notice on the types of appointments patients could access. This included: same day, pre-booked, online, telephone, extended hours, home visit, urgent care centre, and weekday/weekend at the locality hub.

Examples of feedback received from patients:

Source	Feedback
CQC comment cards	The comment cards received were largely positive with some patients commenting on improvements getting an appointment and reduced waiting times.
Patient interviews	Patients we spoke with told us they were satisfied with telephone access and getting an appointment when they needed one.

Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	5
Number of complaints we examined	2
Number of complaints we examined that were satisfactorily handled in a timely way	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman	1

	Y/N/Partial
Information about how to complain was readily available.	Yes

There was evidence that complaints were used to drive continuous improvement	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice recorded all complaints on a spreadsheet and carried out an analysis of complaints including the action taken, learning and outcome.	

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.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes

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.	Yes
There was a realistic strategy in place to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes

Culture

The practice had a culture which drove high quality sustainable care. There were high levels of satisfaction across all staff.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
The practice's speaking up policies were in line with the NHSI National Raising Issues Policy.	Yes

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> Staff described a positive learning environment where they were encouraged to complete training and professional development.

	<ul style="list-style-type: none"> Staff described practice culture as being open, supportive and respectful of one another.
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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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes

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.	Yes
There were processes in place to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes

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.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities include making statutory notifications understand what this entails.	Yes
Explanation of any answers and additional evidence:	

- We noted inaccuracies in the coding of patients on the atrial fibrillation and rheumatoid arthritis disease registers. For example, patients had been coded as having the disease but their notes indicated that they did not have the disease. The GP partners were aware of these inaccuracies and were reviewing ways to resolve the coding issues.
- Following our inspection, the provider told us they had reviewed coding for patients with atrial fibrillation and rheumatoid arthritis.

Engagement with patients, the public, staff and external partners

There was constructive engagement with staff and people who use services.

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The provider worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice was proactive in contacting the CCG to seek guidance in improving areas of low clinical performance. For example, in improving cancer screening uptake rates. 	

Feedback from Patient Participation Group

Feedback
<ul style="list-style-type: none"> • The practice had a virtual patient group who provided feedback to the practice when requested. We spoke with some members of the group who told us the practice were proactive in seeking the views of patients and listened to their concerns. • The practice had created an action plan following patient feedback and displayed this in the waiting area and on the website, however members of the patient group were unaware of this.

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	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.	

Examples of continuous learning and improvement

- Staff received individualised training opportunities which were discussed at their appraisals.

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.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework (see <https://qof.digital.nhs.uk/>).
- **RCP:** Royal College of Physicians.
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment. ([See NHS Choices for more details](#)).