

Care Quality Commission

Inspection Evidence Table

Manor Road Surgery (1-537914594)

Inspection date: 19 December 2018

Date of data download: 06 December 2018

Overall rating: add overall rating here

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

Safe

Rating: Good

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

- No fire drills were being conducted.
- There were no cleaning schedules or records.
- Prescriptions were left in the printers overnight and not locked away.
- A health and safety risk assessment and fire risk assessment had not been conducted since 2012.
- A legionella risk assessment had not been conducted since 2012.

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

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 for GPs, including locum GPs).	Yes

Safeguarding	Y/N/Partial
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
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.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Only clinical staff undertook chaperoning, this was documented in the chaperone policy. • We saw a safeguarding policy. • The lead GP was the safeguarding lead, all staff spoken to were aware of this. • We checked five clinical staff files all had received up-to-date safeguarding and safety training appropriate to their role. • We spoke with two non-clinical staff members; all staff knew how to identify and report concerns. • We were told every two months the lead GP would meet with a health visitor to discuss vulnerable patients. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Out of five staff files we checked, three clinical, two non-clinical, all had evidence of vaccinations status. • We saw evidence of medical indemnity for all staff that required it. 	

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: October 2018	Yes
There was a record of equipment calibration. Date of last calibration: July 2018	Yes
Risk assessments were in place for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure in place.	Yes
There was a record of fire extinguisher checks. Date of last check: January 2018	Yes
There was a log of fire drills. Date of last drill: March 2018	Yes
There was a record of fire alarm checks.	Yes
There was a record of fire training for staff. Date of last training: April 2018	Yes
There were fire marshals in place.	Yes
A fire risk assessment had been completed. Date of completion: January 2018	Yes
Actions from fire risk assessment were identified and completed.	
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We checked five staff members training records, two recently employed (October/November 2018) staff had not undertaken fire safety training. We were told they were both given an induction to fire safety when they first joined and that they would undertake e-learning training as well as a group session training that would be organised next year that would include fire training, as well as infection control and Basic life support training. We saw evidence of emails the practice manager had sent to companies to organise this training day. Shortly after the inspection the practice provided evidence to show all staff were up to date with fire training. Since the last inspection we saw evidence that fire drills were now being undertaken, and we were told the practice planned to undertake these, every six months. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	No
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: January 2018	Yes
Explanation of any answers and additional evidence:	

- The practice had not undertaken a premises/security risk assessment, however they informed us all doors had locks on them and that the building was secure. They also informed us they would undertake a premises/security risk assessment.

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
An infection risk assessment and policy were in place.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: February 2018	Yes
The practice had acted on any issues identified in infection prevention and 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"> • We checked five staff members' training records, two recently employed (October/November 2018) staff had not undertaken infection control training. We were told they were both given an overview to infection control when they first joined and that they would undertake e-learning training as well as a group session training that would be organised next year that would include fire training, as well as infection control and Basic life support training. We saw evidence of emails the practice manager had sent to companies to organise this training day. After the inspection the practice provided evidence to show the two staff members had undertaken infection control training. • We saw a waste disposal policy. • There were no issues identified in the infection control audit. • We saw the infection control audit had been undertaken by the practice nurse who was the infection control lead. • The HCA had completed infection control training and had recently been appointed the infection control lead. • Disposable curtains were in use and were changed every six months. • A Control of Substances Hazardous to Health (COSHH) audit had been undertaken. • A Legionella risk assessment had been undertaken September 2014. The practice manager and the report explained that due to the setup of the building and there being no water tank a regular legionella risk assessment was not required. • The practice had a contract with a cleaning company, daily cleaning schedules were used. • Sharps injury policy and poster were displayed in clinical rooms. • We saw an infection control policy. 	

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.	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.	Yes
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 clinical 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 practice assessed and monitored the impact on safety.	Yes
Explanation of any answers and additional evidence:	
All staff had undertaken Sepsis training.	

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 practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence:	

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)	0.64	0.79	0.94	Variation (positive)
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). (01/10/2017 to 30/09/2018) (NHSBSA)	16.8%	9.3%	8.7%	Significant Variation (negative)
Explanation of any answers and additional evidence: We discussed this variation with the practice they were aware and told us they felt they were prescribing appropriately and they were working closing with the CCG. The practice showed us a report and explained that they were part of the CCG annual prescribing scheme.				

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations in place to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
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.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS	Yes

Medicines management	Y/N/Partial
England Area Team Controlled Drugs Accountable Officer.	
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.	Yes
For remote or online prescribing there were effective protocols in place for verifying patient identity.	N/A
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.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems were in place to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p data-bbox="57 987 807 1025">Explanation of any answers and additional evidence:</p> <ul data-bbox="105 1077 1509 1151" style="list-style-type: none"> <li data-bbox="105 1077 1509 1151">• Since our last inspection the practice had improved prescription paper security and had updated their policy and locked prescriptions away at night. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong a system to learn and make 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:	13
Number of events that required action:	13
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice recorded and discussed all significant events in clinical/practice meetings, we saw evidence of this. All staff we spoke to were aware of the processes and systems in place. 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
A father registered himself and a one-year old child as new patients. It was not clear whether father had parental responsibility. It was also unclear where the mother was, or why she had not registered at the same time. The child's red book had not been presented.	<p>The practice contacted the previous GP for clarification of the situation and the HCA requested the child's red book. The mother brought the child in for an appointment and explained that her registration was deferred due to her not having valid ID at the time.</p> <p>Staff met with Health visitor and also highlighted to reception staff that when a single parent registers with a child (mother or father) that they should be asked whether there is another parent with parental responsibility and relevant contact details. This is now part of the registration process.</p>
On arriving at the surgery on 26/04/18 the alarm on one of the clinical fridges was found to be activated. On inspection the internal digital thermometer was showing temp to be 26 degrees despite the motor still running. The fridge temperature had exceeded permissible levels and	<p>The practice Manager immediately reported the incident to PHE via the immform website and their own significant event reporting process. It was agreed that they would process an urgent delivery of replacement vaccines.</p> <p>A replacement fridge was also ordered for priority delivery.</p>

subsequently all vaccines within could no longer be used. The fridge itself was also deemed to be defunct	
A nonregistered male entered the practice angered and verbally aggressive stating that he had allegedly "fallen over" one of the cars outside the practice. A very strong smell of alcohol which was noted by the GPs and reception staff. The man was escorted outside the premises. There were no obvious injuries to see the man was offered an examination. He declined. There was no requirement to call the police at the time. the person did not contact the surgery again.	In any future circumstances involving aggressive people the police should be called immediately and then cancelled if necessary. This is to protect other patients waiting in the waiting room and staff.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	

Effective

Rating: Good

At the last inspection in November 2017 we rated the practice as requires improvement for providing effective care because:

- There was no evidence that audits were driving improvements to patient outcomes.
- There was no evidence of appraisals and personal development plans for non-clinical staff.
- The Infection Control lead, had not undertaken any infection control training.

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

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.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
Appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence:	

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)	1.06	0.47	0.81	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> • 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.

- 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.
- Health checks were offered to patients over 75 years of age.
- 496 out of 5883-patients were over 75 years.
- The practice had a Visiting Medical Officer (VMO) for two homes for over 30 years, 66 patients currently lived in two nursing homes.
- Longer appointments were provided when needed for older patients.
- Repeat prescriptions were taken by telephone from elderly patients who had difficulties.
- Referrals to the Memory Service and Medicines Optimisation team were used to facilitate the management and compliance for vulnerable elderly patients.
- The practice was signed up to the Integrated Case Management Service. This involved participation in multidisciplinary team video meetings or teleconferences with other professional colleagues.

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.
- 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.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	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 (01/04/2017 to 31/03/2018) (QOF)	72.3%	75.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	9.7% (19)	9.0%	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)	84.8%	75.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.1% (12)	9.2%	9.8%	N/A

	Practice	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 (01/04/2017 to 31/03/2018) (QOF)	76.4%	77.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	9.2% (18)	11.1%	13.5%	N/A

Other long-term conditions	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 (01/04/2017 to 31/03/2018) (QOF)	65.6%	73.2%	76.0%	No statistical variation
Exception rate (number of exceptions).	8.0% (16)	8.1%	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)	77.1%	90.8%	89.7%	No statistical variation
Exception rate (number of exceptions).	10.3% (4)	12.0%	11.5%	N/A

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 (01/04/2017 to 31/03/2018) (QOF)	70.9%	80.0%	82.6%	Variation (negative)
Exception rate (number of exceptions).	4.8% (26)	3.9%	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)	84.0%	88.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	12.0% (11)	5.5%	6.7%	N/A

Any additional evidence or comments

The practice was aware of the variation and explained this was due to a period when the practice was under staffed.

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- 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
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)	61	66	92.4%	Met 90% minimum (no variation)
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)	49	51	96.1%	Met 95% WHO based target (significant variation positive)
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)	48	51	94.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	49	51	96.1%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- 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
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,	69.2%	73.7%	72.1%	No statistical variation

and within 5.5 years for women aged 50 to 64) (01/04/2016 to 31/03/2017) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (PHE)	73.7%	74.2%	70.3%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(PHE)	53.5%	54.2%	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)	41.2%	71.8%	71.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2016 to 31/03/2017) (PHE)	50.0%	57.8%	51.6%	No statistical variation

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, travellers and those with a learning disability also a frailty register.
- 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)	84.8%	86.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	26.7% (12)	10.3%	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)	83.3%	84.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	20.0% (9)	8.2%	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)	81.1%	80.2%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.4% (3)	4.8%	6.6%	N/A

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.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	509	-	537.5
Overall QOF exception reporting (all domains)	4.3%	4.6%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used information about care and treatment to make improvements.	Yes

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

- At the last inspection the practice had not undertaken any full cycle audits, at this inspection two full cycle audits had been undertaken in the following areas: COPD, and patients on

anticholinergic medicines, both audits showed an improvement in patients' outcomes.

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.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for 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 regular appraisals, one to ones, 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
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We checked five staff members' training records, two recently employed (October/November 2018) staff had not undertaken fire safety training. We were told they were both given an induction to fire safety when they first joined and that they would undertake e-learning training as well as a group session training that would be organised next year that would include fire training, as well as infection control and Basic life support training. We saw evidence of emails the practice manager had sent to companies to organise this training day.</p>	

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)	Yes

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 coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
Explanation of any answers and additional evidence:	

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.	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
Explanation of any answers and additional evidence:	

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)	93.4%	94.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.3% (3)	0.5%	0.8%	N/A

Consent to care and treatment

The practice always 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
Explanation of any answers and additional evidence:	

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.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence:	

CQC comments cards	
Total comments cards received.	5
Number of CQC comments received which were positive about the service.	5
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback					
Comment cards	The comment cards received were all 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.					
Patient interviews and Patient group.	We spoke with one member of the patient participation group 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.					
Friends and Family Patient Survey Feedback January 2018 to December 2018 (Excluding August 2018)	Jan 2018					
	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
	2	0	0	0	0	0
	February 2018					
	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
	1	0	0	0	0	0

March 2018

Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
1	0	0	0	0	0

April 2018

Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
2	0	0	0	0	0

May 2018

Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
1	1	0	0	0	0

June 2018

Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
1	1	0	0	0	0

July 2018

Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
1	1	1	0	0	0

September 2018

Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
5	3	0	0	0	0

October 2018

Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
8	5	1	1	0	0

November 2018

Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know
1	8	2	0	0	0

December 2018

	Extremely likely	Likely	Neither likely or unlikely	Unlikely	Extremely unlikely	Don't know	
	3	2	0	0	0	1	

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
5784	247	102	41.3%	1.76%

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)	88.6%	88.9%	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)	86.6%	86.9%	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)	96.1%	94.9%	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)	90.2%	84.2%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice manager had reviewed the national GP patient survey, and was planning on discussing the results with the newly formed PPG. 	

Any additional evidence

- The GP patient survey results were comparable with the CCG and national averages.
- The PPG were encouraged to complete the friends and family test, to give their opinion on the service provided.

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, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence:	

Source	Feedback
Comment cards and Interview with PPG member.	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)	90.2%	93.8%	93.5%	No statistical variation

	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.	No
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence:	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 55 patients as carers, 1% of the practice list.
How the practice supported carers.	<ul style="list-style-type: none"> • The practice coded carers on their register. • The practice had a carers pack. • The practice told us they were flexible with appointment times to support carers and their own health needs. • Offered flu immunisation.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> • Flexible appointments were available on request and the practice signposted patients to support services. • GP also contacted the family, and sometimes attended funerals, alerts were put on patient's records. • The practice had no information regarding bereavement in the reception area.

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
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence:	

Responsive

Rating: Good

At the last inspection in November 2017 we rated the practice as requires improvement for providing responsive care because:

- The practice leaflet could only be accessed if it was downloaded, and the information contained within it was out of date, for example listing clinical staff who had left the practice.
- The practice did not have a Patient Participation Group (PPG).
- The provider did not offer interpreting services.
- There were no baby changing facilities.

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

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.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
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
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00am -6.30pm
Tuesday	8.00am -6.30pm
Wednesday	8.00am -6.30pm
Thursday	8.00am -6.30pm
Friday	8.00am -6.30pm
	8.00am -6.30pm
Appointments available:	
Monday	8:00am - 11:30am 4.50pm-6.30pm

Tuesday	8:00am - 11:30am 1.00pm-2.30pm
Wednesday	8:00am - 11:30am 2.00pm-3.00pm 4.50pm-6.30pm
Thursday	8:00am - 11:30am 1.30pm-3.00pm 4.50pm-6.30pm
Friday	8:00am -11:30am 4.50pm-6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5784	247	102	41.3%	1.76%

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)	96.6%	95.1%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- All 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 and complex medical issues.
- 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.
- The practice had signed up to the Integrated Case Management Service, this involved participation in multidisciplinary team video meetings or teleconferences with other health professionals.

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.
- The practice runs a weekly diabetic clinic, which is led by one of the partner GPs.
- The nurse and HCA undertake COPD and asthma assessments.
- Longer appointments and home visits are available when needed.

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. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Ante Natal Clinic with the community midwife were held every Tuesday afternoon.
- Regular meetings with the health visitor were undertaken.
- A system was in place to implement postnatal and routine six-week baby checks and to follow them up if unattended.

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.
- 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.
- GP Alliance Hub appointments were available up to 8pm and on both Saturday and Sunday for patients and could be booked in advance for weekends.
- Telephone consultations were provided to patients.
- The practice actively embraced the use of the practice email for patient's queries and requests.
- The practice was signed up to a system so patients could receive appointment reminders, undertake friends and family feedback and receive immunisation reminders.

People whose circumstances make them vulnerable
group rating: Good

Population

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, 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.
- Language and translation services were available through the CCG and a translation option was available on the practice website.
- The practice had formally signed up to the Learning Disabilities enhanced scheme. They had three meetings throughout the year with the Learning Disabilities team to ensure their process was implemented correctly and the Learning Disabilities register was verified.

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.
- Longer appointments are available when needed and made at times convenient to accommodate patients and their carers.

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.	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
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence:	

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)	87.2%	70.2%	70.3%	N/A
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)	82.6%	70.5%	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)	75.2%	65.4%	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)	79.9%	74.6%	74.4%	No statistical variation

Any additional evidence or comments

- The practice was above average compared with the CCG and national averages for accessibility/appointments.

Source	Feedback
Comment cards	The comment cards received were all positive about access to appointments.

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.	4
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.	0

	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:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient complained about the attitude of a receptionist when trying to arrange an appointment.	The practice manager spoke to the patient, offered the patient an appointment the next day which they were pleased to receive. The patient did not wish to take the matter any further and also apologised for their attitude. The practice manager spoke to the receptionist to highlight the need to explain situations clearly to patients.
A patient complained about not receiving a nurse appointment following a cancellation made by the surgery.	The patient was contacted and apologised to. The practice manager explained the situation and rearranged the appointment.

Well-led

Rating: Good

Leadership capacity and capability

There was compassionate, inclusive and effective leadership at all levels. Leaders could demonstrate that they had the capacity and skills to deliver high quality sustainable care.

	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
There was a leadership development programme in place, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• There was a designated lead for each clinical and non-clinical area. For example, there was a lead for safeguarding adult and children, complaints, infection control, information governance.• The practice held clinical meetings, palliative care meetings all staff meetings, integrated care meetings and PPG meetings.• We saw that all meetings were appropriately minuted and actions were logged.	

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.	Partial
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: Some staff spoken to were not aware of the practice mission statement.	

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.	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
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. 	

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

Source	Feedback
Staff	<ul style="list-style-type: none"> Staff told us that they were well supported by management at the practice and they felt able to approach managers for support. Staff we spoke with told us that the whole practice worked as a team and that all the GPs and management were very approachable. Staff told us they found there was a supportive environment both clinically and non-clinically. Staff said they felt confident that managers would address their concerns and issues raised.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> There was a designated lead for each clinical and non-clinical area. For example, there was a lead for safeguarding adult and children, complaints, infection control, information governance. 	

- The practice had a range of policies including:
- Complaints policy,
- Significant events policy
- Infection control policy
- Safeguarding policy
- Medicine policy
- Chaperone policy
- Duty of candour policy
- All staff spoken to were clear on roles and responsibilities.
- Communication was effective and organised through structured, minuted meetings.
- We saw minutes of practice meetings, and PPG meetings.

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Since the last inspection the practice had undertaken several risk assessments relevant to the provision of clinical care, including infection control and health and safety. Fire drills were now being conducted. The practice had undertaken two full cycle audits. All staff had an appraisal. The practice had not under taken a premises/security risk assessment. 	

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.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence:	

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
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice 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">• Staff feedback highlighted a strong team with a positive supporting ethos.• Staff said the leadership team proactively asked for their feedback and suggestions about the way the service was delivered.	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none">• Since the last inspection the practice had set up a Patient Participation Group (PPG), on the day of the inspection, we spoke to one member of the PPG, who told us that the group meets approximately every three months. They stated that the doctors were always professional, made them feel comfortable and kept them involved in all health-related decisions. They told us the leaders of the practice listened to their concerns and where change could be made, change was implemented. If change could not be made then they were given an explanation.

Continuous improvement and innovation

There were evidence of 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
Since the last inspection the practice had reviewed several systems and process to provide improvement for patients, for example, <ul style="list-style-type: none">• Risk assessment had now been completed.• All staff had an appraisal.• We saw two cycle audits had been undertaken which demonstrated quality improvement for patients.• The practice had signed up to enhanced schemes to provide a better service for patients, for example the learning disability scheme.	

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 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.