

Care Quality Commission

Inspection Evidence Table

Paxton Green Group Practice (1-553882385)

Inspection date: 31 January 2019

Date of data download: 09 January 2019

Overall rating: Good

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

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
There were policies covering adult and child safeguarding.	Yes*1
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
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems 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*2
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:	

Safeguarding	Y/N/Partial
*1 The safeguarding policies were updated annually. We saw that the 2018 update had taken place.	
*2 The practice protocol for chaperoning restricted chaperone duties to members of the nursing team who were trained for the role.	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes*3
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
Explanation of any answers and additional evidence:	
*3 We reviewed a sample of seven staff records of staff employed since the last inspection. All contained evidence of appropriate recruitment checks having been completed.	

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: November 2018	Yes
There was a record of equipment calibration. Date of last calibration: 20/08/2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	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: 22 October 2018	Yes
There was a record of fire alarm checks. Date of last check: Checked every week	Yes
There was a record of fire training for staff. Date of last training: Staff complete annual training. All staff trained during 2018	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: October 2018	Yes

Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: The practice had a system in place to monitor that all environmental safety checks were completed. There was a schedule in place for such checks and the schedule was monitored.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: October 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: October 2018	Yes

Infection prevention and control

Appropriate standards of cleanliness and hygiene were mostly met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: July 2018	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Partial*4
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: *4 Cleaning standards were inconsistent. We noted that the majority of clinical rooms were cleaned appropriately. However, we noted two rooms where standards could be improved.	

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 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
<p>Explanation of any answers and additional evidence:</p> <p>Staff at all levels received training relevant to their role in dealing with medical emergencies and how to identify and support a patient whose health gave rise to concern.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	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
<p>Explanation of any answers and additional evidence:</p> <p>The sample of records reviewed by the CQC GP advisor were found to be clearly documented and comprehensive. This included care plans for patients requiring support from other agencies.</p>	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) NHS Business Service Authority - NHSBSA)	0.71	0.62	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	7.3%	8.6%	8.7%	No statistical variation

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 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.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Partial*5
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 England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A

Medicines management	Y/N/Partial
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 for verifying patient identity.	Yes
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 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>Explanation of any answers and additional evidence:</p> <p>*5 The practice identified, before the inspection took place, that they could improve the system for undertaking medicine reviews for patients prescribed repeat medicines. A clinical pharmacist had been appointed to undertake such reviews and data we saw showed that the number of medicine reviews completed was increasing.</p> <p>The practice undertook regular checks that medicines for use in a medical emergency were fit for purpose.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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:	12
Number of events that required action:	12
<p>Explanation of any answers and additional evidence:</p> <p>There was a system in place for recording significant events and near misses. Staff we spoke with were clear on their responsibility to report such events and knew where to locate the reporting forms. We noted that events were clearly written up with learning identified. Learning was disseminated via clinical staff meetings and staff briefings.</p>	

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

Event	Specific action taken
Responding to a patient collapsing in the reception waiting area.	Protocol for dealing with a collapsed patient updated. System reinforced with staff and staff re-trained in use of the voice alert system to summon assistance to reception area.
Request for access to records not processed in a timely way.	Access to records protocol written for requests made via e-mail. Clinical staff updated on protocol and reinforced that e-mails from patients must be stored in a secure practice mailbox.

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*6
<p>Explanation of any answers and additional evidence:</p> <p>*6 A member of senior staff held the responsibility for managing the system of monitoring safety alerts. We found they operated the system in a comprehensive way ensuring that action required was completed and recorded.</p>	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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
There were 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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHSBSA)	0.49	0.45	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice could identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs. When the assessments indicated a referral was required these were made in a timely manner.
- 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.
- A prostate cancer assessment clinic was offered. This included ultrasound and urine flow tests that would usually be referred to hospital to be carried out. We were given examples of patients receiving early diagnosis at this clinic enabling prompt referral for treatment.

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.
- The practice had identified the need to improve outcomes for patients diagnosed with diabetes. An action plan was underway to improve outcomes and this included holding a regular 'micro clinic' where the clinicians discussed and planned care for patients who had difficulty controlling their diabetes.
- GPs and nurses 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)	68.7%	74.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	6.4% (58)	10.0%	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)	79.3%	75.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.0% (73)	7.7%	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) <small>(QOF)</small>	77.1%	78.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	15.3% (139)	10.0%	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) <small>(QOF)</small>	75.6%	78.4%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.1% (11)	2.3%	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) <small>(QOF)</small>	91.7%	92.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	2.9% (6)	5.8%	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)	77.7%	80.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.2% (64)	4.1%	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)	88.0%	88.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.2% (12)	7.4%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings
<ul style="list-style-type: none"> Childhood immunisation uptake rates were in line with, or better than, local averages but were marginally below 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. The practice reviewed the appointment arrangements for young people to ensure any patients in this group with signs of infection could be isolated. There was a strong focus on assessing clinical priority for young patients. This was in response to two significant events among this group of patients.

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)	275	306	89.9%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	250	294	85.0%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	256	294	87.1%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	257	294	87.4%	Below 90% minimum (variation negative)

Any additional evidence or comments

The practice was aware that the uptake of childhood immunisations was below the world health organisation target coverage. Action was taken to follow up non-attending families and records of young children were flagged to identify children who had not received their immunisations. This enabled opportunistic discussions with parents and carers to reinforce the benefits of immunisation. We noted that the uptake rates were similar to other practices in the area.

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.
- Patients at risk of developing diabetes were followed up or offered referral to appropriate services that were available to advise on healthy lifestyles.
- Well person clinics were offered to identify any health concerns when patients first registered with the practice.

- A full range of contraceptive advice and services were available.

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, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	66.0%	66.3%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	64.9%	62.2%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	49.7%	42.3%	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. (01/04/2017 to 31/03/2018) (PHE)	79.0%	77.3%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	43.3%	52.4%	51.9%	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 considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- There were protocols in place for providing care and treatment to homeless people and asylum seekers.
- The practice had a recall system for offering annual health checks for patients with a learning disability.

**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. A designated nurse was assigned for patients who required regular injection of their medicine. The nurse was able to identify any changes in the mood or needs of the patients and either offer support or refer for further advice and treatment.
- 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.
- In 2018/19 92% of patients diagnosed with a long term mental health problem had received a check of their physical health.
- Care plans for patients with long term mental health problems were regularly reviewed. In 2018/19 81% of reviews had been completed with two months of the monitoring period still to run. The practice had also carried out physical health checks for 92% of this group of patients.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	84.2%	92.5%	89.5%	No statistical variation
Exception rate (number of exceptions).	2.5% (5)	5.7%	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)	81.2%	90.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	2.0% (4)	5.0%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed	73.7%	82.1%	83.0%	No statistical variation

in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	6.6% (4)	4.2%	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)	526.9	540.0	537.5
Overall QOF exception reporting (all domains)	4.5%	5.0%	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

- The practice had undertaken changes in the way appointments were offered and enhanced online access for patients in the last three years. This had resulted in a reduction in the face to face consultations carried out. Patients reported easier access to appointments and the practice monitored and audited whether consultations were appropriate.
- An audit of uptake of bowel cancer screening had been completed. The practice introduced measures to follow up patients who did not take part in the screening and reminded patients of the benefits of screening. This resulted in an increase of 11% receiving verbal advice and 66% receiving written advice. The practice was continuing to review the uptake and had already identified a small increase in uptake
- A two-cycle audit of patients at risk of developing abnormal heart rhythm was undertaken. The first full cycle found 63% of those at risk had received a pulse check. With two months left to run in the current cycle 62% had already received their pulse check. The practice was on target to surpass the previous outcome from the first audit.

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.	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

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
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: The sample of care plans reviewed by the CQC GP advisor were clearly written and comprehensive. They indicated when involvement from other agencies was required to support care and treatment.	

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: Practice nurses and GPs visited patients who found it difficult to attend the practice. They undertook health checks and offered advice on healthy lifestyle during these visits.	

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)	93.0%	95.0%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.8% (28)	0.7%	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.	Partial
Explanation of any answers and additional evidence: We found the practice recorded verbal consent from patients having an intra-uterine device (coil) fitted. They did not seek written consent to this procedure. We discussed this with the practice and they agreed to review their consent protocol for this procedure.	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive/ negative 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

CQC comments cards	
Total comments cards received.	22
Number of CQC comments received which were positive about the service.	21
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
NHS choices	There had been 10 reviews posted in the last year. Of which eight were positive with a theme of staff being helpful and kind.
CQC comment cards	Of the 21 wholly positive comments on the CQC comment cards six patients described the care they received as excellent.

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
19,658	352	117	33.2%	0.60%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	83.7%	88.5%	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)	88.1%	86.4%	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)	91.5%	94.1%	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)	82.5%	83.7%	83.8%	No statistical variation

Any additional evidence or comments

The practice and patient participation group had a survey planned to seek feedback from patients on their experience of the walk in and wait clinic.

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

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: GPs provided patients with written information about treatments to support information given verbally during consultations. An online translation service was used to explain treatment for patients whose first language was not English.	

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)	91.7%	92.2%	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.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 597 carers who were recorded on the carers register. This equated to 3% of the practice population.
How the practice supported carers.	Carers were offered advice about local support groups and where to seek advice on benefits. They were also offered annual flu vaccinations.
How the practice supported recently bereaved patients.	The GPs either sent a letter or made a telephone call to bereaved patients. They gave the family an opportunity to discuss any concerns and arranged either an appointment or a home visit if the family requested such support.

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: The layout of the practice ensured conversations during consultation and treatment could not be overheard. Staff had all received training in maintaining confidentiality in the last year.	

Responsive

Rating: Outstanding

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 8pm
Tuesday	8am to 7pm
Wednesday	8am to 8pm
Thursday	8am to 7pm
Friday	8am to 7pm
Appointments available:	
Monday	8am to 6pm Then 6.30pm to 7.50pm.
Tuesday	8am to 6pm
Wednesday	8am to 6pm Then 6.30pm to 7.50pm.
Thursday	8am to 6pm
Friday	8am to 6pm
Alternate Saturday mornings 8am to 11am.	

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)	92.8%	94.0%	94.8%	No statistical variation

Older people

Population group rating: Outstanding

Findings
<ul style="list-style-type: none"> • 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. Home visits for health checks and reviews were undertaken by both GPs and practice nurses. • The practice worked closely with a charitable organisation to provide a drop-in clinic at the practice premises every fortnight. This enabled older patients to meet others and to seek advice and support from staff and charity advisors. • The practice offered a telephone advice line for older patients and their relatives or carers every weekday. • There was evidence of prompt referral to voluntary agencies and support groups when older patients required additional support. • The practice had the highest referral rate to the local help at home team when older patients needed support to remain at home and avoid hospital admission. • The practice recognised the risk of social isolation of older patients. A time bank drop in service was available. This offered older patients an opportunity to socialise and learn new skills. • Appropriate and prompt use of voluntary agencies and support groups in the community for older patients.

People with long-term conditions

Population group rating: **Good**

Findings

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

Families, children and young people

Population group rating: **Good**

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

Working age people (including those recently retired and students)

Population group rating: **Good**

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm on a Monday and Wednesday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday 10am until 1pm.
- The practice website, developed in conjunction with the patient participation group, offered an 'ask the GP' facility that required identity verification of the patient asking the question. General health queries could be directed through this online service and receive a response within 48 hours.
- Daily telephone advice line. Gave patients the opportunity to ask questions of clinicians and not take up an appointment when one was not required.
- Walk in and wait clinic with GP appointments from 8am every weekday morning.
- Ask the GP facility available on practice website. The usage of the ask the GP facility was evaluated and the practice found that face to face and telephone consultation numbers had fallen by approximately 2,000 contacts in the last two years.

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, 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.
- Information about cancer screening was available in easy read format for patients diagnosed with a learning disability.
- One of the GPs was trained in British Sign Language and patients who used this form of communication were encouraged to consult with this GP to enable better assessment of their needs.

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

Population group rating: Outstanding

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.
- Community detox programmes were offered to patients with alcohol abuse problems.
- The practice demonstrated that they had a system to identify people who misused substances. One of the GPs had additional training and qualifications to support drug misusers. The practice operated shared care programmes with the local substance misuse workers to support prescribing of opiate substitute medicines.
- Care plans for this group of patients were regularly reviewed (81% in the last year) and there was a recall system to remind patients when they were due to be seen. Appointments were available in the evening in addition to the normal working day.
- Patient views and access taken into account when offering services for patients with long term mental health problems. When this group of patients found difficulty attending appointments with the community team the practice entered a pilot project to hold community psychiatric nurse clinics at the practice. The pilot would be evaluated after the pilot period.
- Pilot clinics for dementia screening had been started in the last year. In the last year 60 patients were screened for dementia (16 declined screening). The programme resulted in 27% of patients being identified with dementia and receiving early treatment and support. This clinic would be evaluated when the pilot came to an end.

- The practice assigned a named nurse for patients with long term mental health problems who required a regular injection of their medicine. This enabled the patient to get to know their nurse and the nurse could identify any further needs or changes of mood experienced by the patient.
- The practice held monthly meetings with the community mental health team to discuss patients in need of coordinated care and support enabling prompt response to their needs. This included those who were frail or had complex needs.
- There were 65 patients diagnosed with dementia registered with the practice. The practice responded to their changing needs by carrying out annual reviews and 87% had received a review in the last year.
- The mental health team leader at the practice held a diploma in mental health primary care. Either they or an experience GP were available from 8am to 6.30pm to respond to any patient with serious mental health problems who was in urgent need of support or treatment.

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:	
The system in place to assess whether a home visit was necessary ensured clinicians made the decision.	

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)	77.3%	N/A	70.3%	No statistical variation
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)	65.2%	71.0%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice	60.7%	68.0%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
appointment 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)	70.3%	73.0%	74.4%	No statistical variation

Any additional evidence or comments

The last GP national patient survey was taken in January to March 2018. This was before the practice had appointed a clinical pharmacist to carry out medicine reviews and free up GP consultations previously used for this purpose. The seven day a week GP appointment available via the local CCG had also not been introduced until after the survey. There were more appointments and appointment choices available than in early 2018. The evaluation of appointment usage at the practice showed that attendance at the practice for appointments had reduced in the last two years.

Source	Feedback
For example, NHS Choices	There were 10 postings on NHS choices. These included eight positive pieces of feedback including complimenting the practice on being able to offer suitable 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.	8
Number of complaints we examined.	8
Number of complaints we examined that were satisfactorily handled in a timely way.	8
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: Staff knew how to support patients who wished to make a complaint. Information on complaints procedure in practice leaflet and available in the practice reception areas. The eight complaints received were all investigated and responded to in a timely manner. The practice review of trends in complaints in 2018 identified that for the first time compared to previous years they had not received any complaints about accessing appointments.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient unhappy with follow up from blood tests.	Patient referred to support group. Clinicians reminded of availability of such groups.
Delayed diagnosis.	GPs given update on what to look out for in unusual presentation of possible cancers.

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
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• The practice was able to demonstrate that they worked closely with the local clinical commissioning group (CCG) in aligning service provision with local health priorities. This was supported by our contact with the CCG prior to inspection.• There was evidence of leaders making changes to the way services were provided. For example, in 2013 the walk in and wait clinic was introduced. When such changes were made they were monitored and evaluated as evidenced by the appointment usage audit carried out.• Leaders evaluated provision of service and developed skill mix within the team to meet patient demand and maintain high quality care.	

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 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
Explanation of any answers and additional evidence: <p>The practice recognised the need to work as part of the wider health provision community. There were active links in place with other GP practices, local voluntary agencies and other statutory organisations.</p> <p>The practice was already planning how they would work within a more structured federation arrangement. Staff were clear that the future of providing, and sustaining, the provision of safe high quality care was in a more collaborative environment.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Staff understood the need to speak up if they saw any practice that did not meet the values of the practice. • There was evidence of performance management protocols being used to achieve consistency in staff performance. • The learning from significant events and complaints showed that safety of staff was considered and improved along with patient safety. For example, when providing services to potentially aggressive or violent patients. 	

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

Source	Feedback
Discussions with staff and completion of CQC staff questionnaires.	<p>Staff provided examples of when they had raised concerns about performance and management had acted promptly to resolve the concerns.</p> <p>The eight staff we either met or completed questionnaires all said they found it easy to speak with leaders when they had the need to do so. They said they were listened to and their views considered.</p>

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 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">All staff had job descriptions and regular reviews of their performance. Staff we met and those who completed questionnaires were clear about their roles and responsibilities. Staff gave us examples of changes made in their work schedules in response to events and issues that arose at the practice.Policies and procedures were kept under annual review, or more frequently if circumstances changed. Staff received briefings about changes in protocols and all knew where to access the practice policies and procedures.	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes 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">There was evidence of involvement of staff in audit and review. For example, audits undertaken by GPs in training, nurses and pharmacists.Risk management was understood by all staff. The practice demonstrated a commitment to identify, assess and manage risk. For example, changes made in the system to process repeat prescriptions. Evidence that delays in production had been achieved. Dedicated prescription clerks appointed to promote prompt processing of prescription requests.When the practice changed the system for acting upon and coding incoming clinical correspondence they ensured non-clinical staff were appropriately trained to take on this role. The clinical coding team was overseen by one of the partners to maintain quality control.	

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: <ul style="list-style-type: none">• Performance data was regularly reviewed. For example, appointment usage and allocation of appointments to the most appropriate member of the clinical team.• When the practice identified, from data, that they could improve the number of medication reviews undertaken they appointed additional clinical pharmacist hours to carry out these reviews.	

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">• Patient feedback was considered when planning appointment systems. For example, when introducing the walk in and wait clinic.• Complaints and significant events were used to plan and change services.• Staff gave examples of service change influenced by their comments and feedback. These included a) changing the system when registering new born babies to ensure the parents understood the need to attend for new baby checks and b) updating the wording on the practice website to make it clearer for patients wishing to access online services.	

Feedback from Patient Participation Group.

Feedback

We met two members of the patient participation group (PPG). They told us of a range of work the group had undertaken with the practice. We also found that the group was autonomous in setting their own agenda and advising the practice of issues they wished to discuss and follow up. The PPG had been influential in the design of the practice website and had worked with the practice in bringing the new website online. Whenever the PPG met they had an agenda item of 'any patient questions'. Questions raised were worked through with the practice and the question and answer placed on the website.

The PPG issued a quarterly newsletter. The content was agreed with the practice and the newsletter included a health promotion article. For example, one issue had the 'Practice Nurse topic of the month' included.

The PPG had an open relationship with the practice and had approximately 130 members. The quarterly PPG meetings were usually attended by 20 to 25 members. The group had a plan for the coming year that included reviewing the patient information held in the waiting room and on the information screen and undertaking a survey of patients attending the walk in and wait clinic.

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
The practice demonstrated that all members of staff had a learning and development plan. Learning opportunities made available to all. For example, phlebotomist now trained to the level of an assistant practitioner. Now leads the CCG assistant practitioner forum.	

Examples of continuous learning and improvement

- Appointment of associate physician. Recognised need to enhance skill mix and difficulties in recruitment of GPs.
- Prostate assessment clinic. Including urine flow and ultrasound tests.
- Time bank for patients who may be isolated and need opportunity to socialise and learn new skills.
- Dedicated medicine advice line run by practice clinical pharmacist.
- The practice lead nurse was the mentor for new practice nurses in the area. The practice was designated as a teaching practice for practice nurses.

Please see further examples in population groups within the responsive section of the report.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- 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 uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG 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.