

Care Quality Commission

Inspection Evidence Table

South Reddish Medical Centre (Dr Geeta Gupta (1-529291713))

Inspection date: 29th January 2019

Date of data download: 16 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
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
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
<p>In addition to online safeguarding training, all staff were provided with face to face training on the subject, the last undertaken 9 January 2019.</p>	
<p>We looked at minutes of some of the safeguarding meetings and saw that they had been attended by appropriate personnel including health visitors and a school nurse, records were comprehensive and well written.</p>	

Recruitment systems	Y/N/Partial
<p>Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).</p>	Partial
<p>Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.</p>	Yes
<p>There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.</p>	Yes
<p>Staff had any necessary medical indemnity insurance.</p>	Yes
<p>Explanation of any answers and additional evidence:</p> <p>The practice recruitment policy did not refer to all the checks required to comply with the requirement of Schedule 3 of the Health and Social Care Act in terms of information needed before a new member of staff should commence employment, for example, proof of identity (including a recent photograph), employment history (including an explanation of any gaps) and a declaration of medical fitness to perform their role.</p> <p>We examined four recruitment files for recently employed staff, a GP, a nurse and two members of reception staff. We noted that some of the required information was missing, for example medical declarations in all files. We also noted that some documents lacked information, for example some proof of identities were not dated. We spoke to the practice manager about this and we were shown a new form recently developed for newly recruited staff to complete in relation to medical fitness to perform their role. We were told that this would be utilised in all future recruitment and completed retrospectively by staff currently employed at the practice. The practice manager told us that the recruitment policy would be updated to ensure the requirements of Schedule 3 were observed.</p>	

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: 22 November 2018	Yes
There was a record of equipment calibration. Date of last calibration: 1 November 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: July 2018	Yes
There was a log of fire drills. Date of last drill: 15 November 2017 (another drill scheduled for January 2019)	Yes
There was a record of fire alarm checks. Date of last check: Weekly last test 21 January 2019	Yes
There was a record of fire training for staff. Date of last training: Ongoing e-learning annually, face to face training conducted January 2019	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: December 2018	Yes
Actions from fire risk assessment were identified and completed.	Yes

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 6 December 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 6 December 2018	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Other safety checks conducted included those relating to electrical safety, legionella and emergency lighting, all of which had been carried out in a timely manner.</p> <p>We noted that patients had free access to staff areas of the building as keypad coded doors were not activated, we discussed the security risks this created with the lead GP, they told us access around the building would be reviewed.</p>	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control (IPC).	Yes
Date of last infection prevention and control audit: 19 December 2017 (100%)	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
Explanation of any answers and additional evidence: The IPC audit had been conducted in the presence of the local authority health protection practitioner, another audit was scheduled for February 2019.	

Risks to patients

There were 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
Explanation of any answers and additional evidence: There was a comprehensive information pack for locum GPs, this was reviewed and updated at regular intervals to ensure it was current.	

Sepsis training had been delivered to all staff on 9 January 2019.

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

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) <small>NHS Business Service Authority - NHSBSA</small>	0.98	1.03	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) <small>(NHSBSA)</small>	4.4%	5.9%	8.7%	Variation (positive)

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.	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 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.	Yes
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.	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.	Partial
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>Two emergency medicines normally held in GP practices had not been routinely kept for use, however shortly before the inspection, this had been identified and these had been ordered and the practice were awaiting delivery.</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:	Four
Number of events that required action:	Four
Explanation of any answers and additional evidence: The practice had a clear system for recording and investigating significant events, we noted that they were a standing agenda item at practice meetings.	

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

Event	Specific action taken
Errors were made in relation to the incorrect identification patient who was sent letters relating to blood tests.	An investigation revealed that errors were made at both the practice and the pathology laboratory. Following discussion and consultation with the laboratory, new systems were introduced to prevent a re-occurrence.
During a clinic, the wrong name label was attached to a blood sample.	An investigation revealed that the previous patient who had attended the clinic had forgotten their form and had left to retrieve it, the clinician had not changed the record they were working on and the name on the blood sample was not checked. Additional measures were introduced to prevent a re-occurrence and the need to check labelling was re-enforced to all 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: We noted that safety alerts were recorded and stored in both paper and electronic format. We examined several alerts (including one relating to Valproate) and saw that they had been dealt with in an effective and timely manner.	

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) <small>(NHSBSA)</small>	2.54	0.95	0.81	Variation (negative)

Older people

Population group rating: Good

Findings

- 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.
- Patients were referred to the "neighbourhood care navigator" for signposting to social prescribing groups for advice, to combat loneliness and improve mental wellbeing. This service was provided by the GP federation and was available at the practice two mornings a week.
- Weekly rounds were conducted at the local care home by the practice GP.

- Health checks were offered to patients over 75 years of age.

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.
- The practice participated in the “Stockport wave 2” roll out of the NHS diabetes prevention programme (NDPP) which aimed to prevent type 2 diabetes by inviting those at risk to a free 9-month community based behaviour change programme.
- 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.
- There was a recall programme for flu and pneumonia vaccinations offered to at risk patients.
- Following an audit, the practice offered protected Saturday and after school appointments for young asthmatic patients.
- The practice had a “cancer champion” who promoted the three national cancer screening programmes opportunistically, and developed strategies to support improved uptake.

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) <small>(QOF)</small>	87.2%	81.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	17.8% (39)	11.9%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	79.0%	81.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	19.6% (43)	6.4%	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>	91.4%	81.7%	80.1%	Variation (positive)
Exception rate (number of exceptions).	14.6% (32)	13.1%	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) <small>(QOF)</small>	72.6%	76.7%	76.0%	No statistical variation
Exception rate (number of exceptions).	4.6% (9)	3.2%	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>	91.4%	91.6%	89.7%	No statistical variation
Exception rate (number of exceptions).	11.0% (13)	6.9%	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)	81.6%	85.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	7.7% (38)	2.4%	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)	87.2%	90.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.1% (2)	5.9%	6.7%	N/A

Any additional evidence or comments

The percentage of diabetic patients attending the practice for a cholesterol level check was significantly higher than local and national averages.

Families, children and young people

Population group rating: Good

Findings

- The practice used “MJog” text messaging services to invite patients for review and to promote health promotion activities and through accuRx (a chain SMS messaging service that allows practices to directly text patients) to provide test results.
- 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 had introduced a Facebook page to increase awareness amongst younger patients of services available and health promotion programmes.

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)	48	48	100.0%	Met 95% WHO based target (significant variation positive)
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)	32	33	97.0%	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)	32	33	97.0%	Met 95% WHO based target (significant variation positive)
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)	32	33	97.0%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

Childhood immunisation uptake rates were significantly above the World Health Organisation (WHO) targets.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Telephone consultations were available to reduce the need to attend the practice.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 35 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.

- The practice could provide a seven-day access service in the Tame Valley neighbourhood, allowing patients to access routine and pre-bookable appointments with either a GP, a nurse or HCA at weekends.

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)	79.4%	76.4%	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)	66.7%	68.3%	70.0%	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)	53.1%	58.0%	54.5%	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)	62.5%	75.0%	70.2%	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)	62.5%	49.1%	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.
- In response to a recent audit, the Practice has developed a “one stop” clinic for patients with learning disabilities.
- The practice had developed information in easy read format for example, self-examination and advice on medical diagnosis/conditions and medicines prescribed.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- All new military veterans were identified via the registration process and to increase awareness,

the armed forces covenant was displayed in the waiting room and on the practice website.

- 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.
- All staff had received dementia training in the last 12 months.
- A dementia friends information session was facilitated for staff to raise awareness, and enable them to support patients with a 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) <small>(QOF)</small>	94.4%	92.9%	89.5%	No statistical variation
Exception rate (number of exceptions).	10.0% (4)	7.0%	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) <small>(QOF)</small>	94.6%	93.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.5% (3)	6.7%	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) <small>(QOF)</small>	81.5%	83.9%	83.0%	No statistical variation

Exception rate (number of exceptions).	15.6% (5)	4.7%	6.6%	N/A
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Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556.7	553.1	537.5
Overall QOF exception reporting (all domains)	6.3%	4.1%	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

In 2018 an audit was conducted with the aim to improve patient care by evaluating the end-of-life provision by a small practice (list size 3600) in Stockport, Manchester from the period of January 2017 to January 2018, and assess if it was in line with policies set out by the Gold Standards Framework (GSF) published in October 2011. The audit revealed that 85% patients died in their preferred location (at home or a hospice) which was below the GSF recommendation of 90%. However, the relatively low number (2 patients) represented 15% and conclusions from this were limited.

In May 2018 an audit of patients attending for a pre-diabetic blood levels check took place, 108 patients were identified and invited for appointment, 34 booked a consultation, four did not attend, 15 (44%) showed a normal result, nine (26%) showed a result giving some concern and six (18%) showed a higher and more concerning result. Further work was underway to attempt to have more patients in this group attend for appointments and screening and a re-audit was planned.

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
Induction 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
<p>Explanation of any answers and additional evidence:</p> <p>All staff had a personal development plan which was linked to the practice development plan and mission statement.</p> <p>Management maintained an electronic training matrix for the practice and for each individual staff member, ensuring that staff training was always up to date. A staff training needs assessment was completed for each member of staff.</p> <p>We noted that clinicians did not code all conditions such as minor illnesses, we discussed the benefits of comprehensive coding in providing a fuller history of patient information. The lead GP told us that they would review and implement coding of all relevant information in patient notes.</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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may 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

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) <small>(QOF)</small>	97.0%	96.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.2% (2)	0.4%	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: Clinicians used a variety of templates to record a patient's consent appropriately. An annual audit was undertaken to ensure that consent had been obtained and recorded within legislation and guidelines. The Stockport learning disability nurse had worked with the practice to produce a consent template in easy read format.	

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: The practice had provided staff with training in equality and diversity and customer care.	

CQC comments cards	
Total comments cards received.	54
Number of CQC comments received which were positive about the service.	54
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	Zero

Source	Feedback
CQC Comment Cards	Comment cards completed by patients were overwhelmingly positive about the compassion, care and professionalism displayed by staff. Several patients referred to individual GPs by name referring to their caring nature.
NHS Choices	Feedback over the last six months about the caring nature of staff at the practice indicated high levels of satisfaction; some patients said staff were kind and caring and were always helpful and compassionate.

Patient interviews	Patients we spoke with on the day of the inspection told us staff were always kind and respectful and that the GPs and nurses went the extra mile. We were told reception staff were always helpful in offering advice and signposting to support services available.
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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
3593	346	116	33.5%	3.23%

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)	94.2%	91.5%	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)	94.6%	90.6%	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)	98.3%	96.8%	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)	95.7%	88.2%	83.8%	No statistical variation

Any additional evidence or comments

Although not shown as statistically higher than the local and national averages, satisfaction levels at the practice around appointments was higher in all four areas of this part of the survey.

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

Any additional evidence
Patient surveys were carried out annually, in the last survey the practice had responded to the views they had received, for example in relation to appointments and had developed a policy on patients who failed to attend.

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: Patients were provided with information in a format suitable for them, easy read documentation was available for patients with a learning disability. Information on diagnosis and conditions was available on the practice website and was often printed off during a consultation from the patient's records.	

Source	Feedback
Interviews with patients.	Patients we spoke with told us that clinicians were very good at explaining options and gave them sufficient time to make informed decisions.
CQC comment cards	Several patients expressed their high levels of satisfaction at the amount of time they were given to talk with GPs and nurses about their needs and treatments. They said that they felt involved in their options for care.

National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	96.0%	94.7%	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had arranged for training to be delivered for their staff on how to better provide information to patients on where they might receive support, guidance and treatment outside the GP environment.</p> <p>The practice had undertaken a drive to gather patient's current contact details (email and mobile telephone numbers) so they could make better use of technology to communicate and provide information.</p> <p>One of the practice patients had given an input to staff on ageing macular disease and provided advice on how best to support patients with that and similar conditions, as a result the practice had introduced some information on yellow background posters, which are easier to read.</p>	

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 58 patients who were carers, which represented 1.6% of the practice list size.
How the practice supported carers.	The practice offered free flu jabs to all carers as well as directing them to local and national support groups.
How the practice supported recently bereaved patients.	Staff at the practice were made aware of any bereavements and were able to support family members accordingly. One of the GPs would make a home visit to bereaved families and offer support and ensure they were aware of support services.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes

Responsive

Rating: Good

Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	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	8.00am to 6.30pm
Tuesday	8.00am to 7.30pm
Wednesday	8.00am to 6.30pm
Thursday	7.30am to 6.30pm
Friday	8.00am to 6.30pm
Appointments available:	
	As above

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3593	346	116	33.5%	3.23%

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)	98.3%	96.8%	94.8%	No statistical variation

Any additional evidence or comments

The practice also offered appointments on Saturday mornings between 8.00am and 10am with either a GP or a nurse. As part of the service provided by the GP federation patients could book appointments at weekends at neighbourhood locations.

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 utilised "Steady in Stockport", a new dedicated falls prevention and bone health service, which targeted people who otherwise would not be seen following a fall.
- There was a medicines delivery service for housebound patients.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- A muscular skeletal (MSK) first contact practitioner physiotherapy service was offered at the practice on a weekly basis. This service promoted self-referral by the patient, who if inappropriate would be referred back to the GP for further action.

Families, children and young people

Population group rating: Good

Findings

- Additional appointments were available one Saturday per month for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice had introduced a Facebook page to encourage more interaction with younger patients.

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 7.30pm on Tuesdays and from 7.30am on Thursdays. 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 and Tame Valley neighbourhood. Appointments were available Saturday and Sunday 10am until 1pm.
- Telephone appointments were provided to offer flexibility.

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.
- Patients with identified social prescribing concerns were referred to the Neighbourhood Care Navigators for sign posting to the appropriate services they may require.
- 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.
- In response to a recent audit, the Practice had developed a “one stop” clinic for patients with learning disabilities.

**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 used a locally funded “Care Navigator” to signpost patients to social prescribing groups in order to combat loneliness and improve mental wellbeing.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	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 necessary.	Yes

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)	93.7%	N/A	70.3%	Variation (positive)
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)	89.0%	76.2%	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)	87.7%	70.6%	65.9%	Variation (positive)
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)	89.3%	79.5%	74.4%	No statistical variation

Any additional evidence or comments

Practice results indicated higher than average patient satisfaction results in relation to appointments, we were told that this was because the practice was able to listen to the views of its patients and react accordingly.

Source	Feedback
Patient interviews	Patients we spoke with told us it was usually very easy to obtain an appointment and that reception staff were very accommodating.
CQC comment	Feedback from patients was very positive about the appointment system at the practice, with comments describing how the GP was flexible and “went the extra

cards	mile”.
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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.	Three
Number of complaints we examined.	Two
Number of complaints we examined that were satisfactorily handled in a timely way.	Two
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	Zero

	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: There were relatively few complaints recorded over the previous 12 months, the practice manager told us that this was normal, due to the small practice size and the fact that patients were generally very satisfied with the service.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint regarding the level of service received and poor clinical diagnosis.	This complaint was received via NHS England and was thoroughly investigated and to their satisfaction. The complaint was not upheld, documentation sent to the complainant was comprehensive and provided a full explanation of matters raised.
Complaint regarding a locum GP having undertaken a surgery that should have been conducted by the lead GP.	The matter was investigated and a full explanation sent to the complainant as well as the offer of an apology. The lead GP had not been able to undertake the surgery due to unforeseen circumstances. The patient had replied to the practice expressing their satisfaction with the response.

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: Staff we spoke to were complimentary about the leadership at the practice. We were told that the management were approachable, supportive and inclusive. Staff told us this made them feel motivated. The practice had developed a training plan which was linked to its aims and objectives and management were able to describe how they ensured that staff could develop within their role and prepare them for new roles should they have the desire to seek further responsibility. The practice development plan was comprehensive and had short and longer-term milestones. Staff reported that they felt well led and part of a team. There was strong collaboration and support across all teams and a common focus on improving the quality of care and people's experiences.	

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: There was a practice mission statement which staff had a clear understanding of. Staff had recently identified a potential gap in the interaction between clinical and non-clinical staff, in order to help address this, the practice had decided to recruit a reception manager. One of the priorities for the new staff member was to increase the interaction between all staff members and to take some pressure from the practice manager, who intended to reduce their working hours in the future.	

Weekly meetings were held to discuss and progress operational matters, this included governance and finance, HR issues, partnerships, development plan and communications.

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:	
Staff we spoke with told us there was an open and transparent culture within the practice and that any concerns could be raised with management.	
The practice whistleblowing policy named an external individual as the speak up guardian, however no contact details were provided, neither was there for the national NHS whistleblowing freephone number. The practice manager told us that this would be addressed immediately.	
We were shown an example of a staff member whose values and behaviours had been inconsistent with those of the practice and how their underperformance had been managed.	

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

Source	Feedback
Staff interviews	We were told that there was a very good team ethic at the practice and that staff were keen to provide the highest levels of service.

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:	

We reviewed a wide range of practice policies which were available on a shared area for all staff to view. Policies we viewed were well written, comprehensive and had been reviewed in a timely manner.

Communication was effective and organised through structured, minuted meetings and emails.

Staff we spoke with were clear on the leadership structure, policies and how their role contributed to the practice vision.

Clinicians attended the weekly meeting which was the forum at which significant events analysis, complaints, safety alerts, new policies and procedures were discussed as well as feedback from courses attended and clinical cases were reviewed.

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 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:	
The provider had undertaken a number of risk assessments relevant to the provision of clinical care, including infection control and premises risk assessments. Recommendations from risk assessments had been actioned.	
There was a comprehensive business plan in place to ensure the future of the practice, this had been developed in line with sound business planning and having regard to the changing demands of the locality.	

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:	
<p>The practice used audit to measure and improve performance. Any changes or updates in national institute for care and excellence (NICE) guidance often resulted in audit of that area within the practice.</p> <p>Templates had been developed and embedded within the service. These were developed and maintained by clinical leads and that ensured all clinicians were using up to date agreed templates. This helped to reduce the variability in using read codes as well as improving the safety of work carried out by new members of staff and locums.</p>	

Engagement with patients, the public, staff and external partners

The practice involved the public, staff and external partners to deliver 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:	
<p>The practice conducted regular patient surveys, the last conducted in 2018, these were completed both electronically and in paper format by patients visiting the practice. The results indicated that patients were very satisfied with access to appointments, but requested further information relating to online facilities. The practice completed an action plan to address the issues identified including updating its website in response to comments made.</p> <p>The practice created a season newsletter which was made available to patients in paper form and via the practice website and Facebook page, providing up to date information and advice.</p>	

Feedback from Patient Participation Group.

Feedback
<p>The practice had identified that its “virtual PPG” was not as effective as one which involved face to face meetings with the practice. The group was currently a list of patients who the practice emailed when it wished to pass out information or when they wished to include the group’s responses to a survey. The practice manager told us that they were going to dedicate time to creating a full PPG with formal meetings and improved communication.</p>

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: We saw from minutes of meetings that the practice continued to examine and review its approach to improvement, any opportunities for improvement or adoption of best practice were discussed at meetings and implemented where appropriate.	

Examples of continuous learning and improvement

The practice had recently introduced “one stop shop” appointments for patients with diabetes and those with a learning disability to reduce the need for them to attend the practice on more than one occasion.

All staff receive individualised training opportunities which are discussed at their appraisals. The practice used this information to inform its overall training and development plan.

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.
- 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.