

# Care Quality Commission

## Inspection Evidence Table

### Eden Park Surgery (1-542072057)

Inspection date: 27 February 2019

Date of data download: 30 January 2019

## Overall rating: Good

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

## Safe

## Rating: Good

At the last inspection in December 2017 we rated the practice as good for providing safe services, however we said there were areas where the practice should make improvements because the practice needed to:

- Review the frequency of testing electrical equipment.
- Review the safety of the storing of patient records.
- Review fire signage around the premises.
- Review installing emergency pull cord in the toilets.

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

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
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

<b>Safeguarding</b>	<b>Y/N/Partial</b>
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: <ul style="list-style-type: none"> <li>• Only clinical staff undertook chaperoning.</li> <li>• We saw a safeguarding policy.</li> <li>• We saw safeguarding minutes.</li> <li>• We checked four staff files all had received up-to-date safeguarding and safety training appropriate to their role.</li> <li>• We spoke with two non-clinical staff members; all staff knew how to identify and report concerns.</li> </ul>	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial
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: <ul style="list-style-type: none"> <li>• We checked four staff files, we identified two staff members files did not have references, when we asked the practice about this we were told that this was because the staff were recruited based on recommendation from existing staff members. The practice police also stated the practice would obtain reference if applicable.</li> <li>• We saw evidence of medical indemnity for all staff that required it.</li> </ul>	

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: February 2019	Yes
There was a record of equipment calibration. Date of last calibration: February 2019	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	N/A
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: August 2018	Yes
There was a log of fire drills. Date of last drill: August 2018	Yes
There was a record of fire alarm checks. Date of last check: August 2018	Yes
There was a record of fire training for staff. Date of last training: October 2018	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: October 2019	Yes
Actions from fire risk assessment were identified and completed.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice explained no risk assessments had been undertaken for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals, because the practice did not have any hazardous substance in use.</li> </ul>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: February 2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: February 2019	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Since the last inspection the practice had put up fire signs around the building explaining what to do in the event of a fire.</li> </ul>	

## 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.	Yes
Date of last infection prevention and control audit: February 2019	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: <ul style="list-style-type: none"><li>• The practice had undertaken group face to face training where an external company came to the surgery and all staff undertook infection control training.</li><li>• One of the nurses was the infection control lead.</li><li>• We saw an infection risk assessment and policy, including a self-audit tool document.</li><li>• We saw a waste management protocol, sample handling and needle stick injury policy.</li></ul>	

## 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.	Partial

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> <ul style="list-style-type: none"> <li>• All staff had undertaken Sepsis training.</li> <li>• The practice had no child pulse oximeter, however on the day of the inspection we saw evidence that the practice had ordered a child pulse oximeter.</li> </ul>	

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
Explanation of any answers and additional evidence:	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA</small>	0.92	0.79	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>	12.2%	9.3%	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).	Partial
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	No
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	N/A

Medicines management	Y/N/Partial
England Area Team Controlled Drugs Accountable Officer.	
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Partial
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.	Partial
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
<p data-bbox="57 954 807 987">Explanation of any answers and additional evidence:</p> <ul data-bbox="105 1043 1541 1357" style="list-style-type: none"> <li data-bbox="105 1043 1541 1111">• Some Patient Group Directions had not been signed/dated, however at the end of the inspection these had all been signed and dated.</li> <li data-bbox="105 1122 1541 1234">• There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use, however there was no paediatric pads, by the end of the inspection we saw evidence that the practice had ordered some paediatric pads.</li> <li data-bbox="105 1245 1541 1357">• We had not seen a sufficient antimicrobial audit, the practice had submitted data after the inspection however, this was data gathered on two patients, and was insufficient to be accepted as an audit as it did not demonstrate optimising patients' outcomes.</li> </ul>	



## 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.	Partial
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:	5
Number of events that required action:	5
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>On the day of the inspection the practice could not find the significant event policy, however all staff we spoke to were aware of the process, shortly after the inspection the practice provided us with a copy of their significant events policy.</li> <li>We saw minutes of meetings where significant events had been discussed, however they lacked detail of who attended. The practice informed us they would ensure minutes recorded all staff who attended, and in future all practice meetings would have significant events as a standard agenda item, where learning would be discussed and recorded.</li> <li>Staff said when things went wrong at the practice there was a culture of openness and support.</li> </ul>	

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

Event	Specific action taken
A patient requested copies of case conference reports from their childhood the practice had inappropriately disclosed information to a relative.	The practice reported the incident to the ICO together with an action plan to avoid repetition.
Following a disagreement, a patient requested that one particular partner be excluded from any future dealings with her and her family.	The incident was discussed in a meeting and the practice has attempted to comply, the practice has also taken into account there will always be the potential for difficulties in terms of admin and emergencies when that particular doctor is 'on-call'.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes

Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence:	

## Effective

## Rating: Good

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

- Staff were not actively monitoring quality improvement for patients with long term conditions and mental health.
- Not all staff had conducted fire training, infection control training, safeguarding and mental capacity training.

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

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
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
Explanation of any answers and additional evidence:	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.60	0.47	0.81	No statistical variation

### 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.
- 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.
- 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.
- The practice provided a weekly doctor/nurse-led diabetic clinic.
- The practice had recruited a pharmacist since the last inspection who was undertaking medication reviews.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	72.0%	75.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	4.1% (13)	9.0%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	64.4%	75.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.3% (17)	9.2%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)	72.1%	77.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	6.9% (22)	11.1%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	52.6%	73.1%	76.0%	Significant Variation (negative)
Exception rate (number of exceptions).	0.5% (2)	8.1%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	94.4%	90.7%	89.7%	No statistical variation
Exception rate (number of exceptions).	18.2% (12)	12.0%	11.5%	N/A

Any additional evidence or comments				
The practice was aware of the variation and provided us with unverified data				
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 (01/04/2018 to 19/02/2019)	73%	76%	76%	

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)	61.0%	79.9%	82.6%	Significant Variation (negative)
Exception rate (number of exceptions).	2.6% (23)	3.9%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	81.5%	88.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	0.8% (1)	5.5%	6.7%	N/A

#### Any additional evidence or comments

The practice was aware of the variation and provided us with unverified data

The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2018 to 19/02/2019)	74%	81%	83%
---	-----	-----	-----

## Families, children and young people

Population group rating: Good

#### Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- The practice had a regular clinic for six-week baby checks.

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)	80	87	92.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	95	101	94.1%	Met 90% minimum (no variation)
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)	94	101	93.1%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	93	101	92.1%	Met 90% minimum (no variation)

#### Any additional evidence or comments

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

**Population group rating: Good**

#### Findings

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



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)	78.2%	73.2%	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)	77.8%	74.3%	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)	58.2%	55.4%	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)	50.0%	74.9%	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)	47.8%	55.8%	51.9%	No statistical variation

#### Any additional evidence or comments

#### People whose circumstances make them vulnerable

#### Population group rating: Good

#### Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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

**Population group rating: Good**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- 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.
- Some staff had received dementia training in the last 12 months.

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)	35.9%	86.8%	89.5%	Significant Variation (negative)
Exception rate (number of exceptions).	4.9% (2)	10.3%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	33.3%	84.8%	90.0%	Significant Variation (negative)
Exception rate (number of exceptions).	4.9% (2)	8.2%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	66.7%	80.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.9% (1)	4.8%	6.6%	N/A

### Any additional evidence or comments

The practice was aware of the variation and provided us with unverified data

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 (01/04/2018 to 19/02/2019)	92%	85%	90%
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2018 to 19/02/2019)	86%	85%	90.0%

## 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)	423.6	532.2	537.5
Overall QOF exception reporting (all domains)	2.5%	4.6%	5.8%

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

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

- The practice had undertaken two full cycle clinical audits one regarding pregnant women advised to take Vitamin D and another audit looking at pregnant woman and diabetes, both audits demonstrated quality improvement in patients' outcomes.

## Effective staffing

**The practice was able to demonstrate that staff had the skills, knowledge and experience to carry out their roles.**

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	N/A
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.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>• Staff told us they had appraisals annually.</li> <li>• We were told the nurses appraised each other.</li> <li>• We did not see any evidence to demonstrate that the practice was reviewing audits the nurse practitioner had done. Documents shown to us provided details on what had been prescribed but did not audit it.</li> </ul>	

## 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	Yes

organisations were involved.	
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:	

## Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence:	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	88.0%	94.4%	95.1%	Variation (negative)
Exception rate (number of exceptions).	0.4% (6)	0.5%	0.8%	N/A

Any additional evidence or comments
<ul style="list-style-type: none"> <li>The practice was aware and informed us they were working on improving patients' outcomes, they intended on using the practice pharmacist and the new nurse they recruited to aid in following up patients.</li> </ul>

## Consent to care and treatment

**The practice always obtained consent to care and treatment in line with legislation and guidance.**

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence:	



## Caring

**Rating: Good**

### Kindness, respect and compassion

**Staff treated 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: <ul style="list-style-type: none"> <li>All staff were trained in respecting confidentiality and patients were always given the opportunity to liaise with staff to ensure privacy and dignity.</li> </ul>	

CQC comments cards	
Total comments cards received.	35
Number of CQC comments received which were positive about the service.	33
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	The comment cards received were all positive. Patients said they felt all staff were caring, friendly and helpful. They described examples where they were listened to and treated with respect, dignity and kindness. The mixed comments were sometimes the practice does not always listen, and that the TV audio in the waiting room is too low.
Patient interviews and Patient group.	We spoke with two members of the patient participation group who told us the practice worked with and supported patients and their families to achieve the best outcome for patients. The GP partners received praise for their thorough, caring and professional approach to consultations.
Friends and Family Patient Survey	The practice had reviewed Friends and Family Test results and comments included that doctors were caring, and helpful.

## 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
8686	259	101	39%	1.16%

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)	96.5%	89.0%	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)	93.6%	87.0%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.2%	94.9%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	95.7%	84.3%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	No

Any additional evidence
<ul style="list-style-type: none"> <li>The GP patient survey results were above the CCG and national averages.</li> <li>The practice was aware of the results, and had told us they had reviewed and discussed the findings.</li> </ul>

### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence:	

Source	Feedback
Interviews with patients. Comment cards and Interview with PPG member.	We spoke with five patients; all patients were positive about the involvement they had in their care and treatment. They said the GPs explained their condition and treatment and they were involved in decisions about their treatment.

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	98.1%	93.8%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We saw a poster in the reception area and in the waiting rooms displaying that interpretation service were available.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> <li>At the last inspection the practice was told to continue to review and improve how patients with caring responsibilities were identified and recorded on the clinical system to ensure that information, advice and support was made available to them, as they had below 1% for carers.</li> <li>At this inspection the practice had identified 225 patients as carers, 2.6% of the practice list.</li> </ul>
How the practice supported carers.	<ul style="list-style-type: none"> <li>In reception there was a designated area just for carers, there were various posters and leaflets aimed at carers displayed in this area.</li> <li>The practice coded carers on their register.</li> <li>The practice had a carers pack.</li> <li>The practice had a carers newsletter which was sent out to carers.</li> <li>The practice asked all new patients on the new patients' registration form to confirm if they were carers.</li> <li>The practice told us they were flexible with appointment times to support carers and their own health needs.</li> <li>Flu immunisation were offered.</li> </ul>
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> <li>Flexible appointments were available on request and the practice signposted patients to support services.</li> <li>The practice had information regarding bereavement in the reception area.</li> <li>When the practice was notified that a loved one has been lost a screen message was added to the screen so everyone in the practice would be aware.</li> </ul>

## Privacy and dignity

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

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

## Responsive

**Rating: Good**

### Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence:	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00am -6.30pm
Tuesday	8.00am -6.30pm
Wednesday	8.00am -6.30pm
Thursday	8.00am -6.30pm
Friday	8.00am -6.30pm
Appointments available:	
Monday	8:30am-10:10am 2pm-3pm 4pm-6pm
Tuesday	8:30am-10:10am 2pm-3pm 4pm-6pm
Wednesday	8:30am-10:10am Open surgery 10:30am-11:15am (No appointment required) 2pm-3pm 4pm-6pm
Thursday	8:30am-10:10am 2pm-3pm 4pm-6pm
Friday	8:30am-10:10am 2pm-3pm 4pm-6pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8686	259	101	39%	1.16%

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)	94.4%	95.1%	94.8%	No statistical variation

### 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.

### People with long-term conditions

**Population group rating: Good**

#### Findings

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

## **Families, children and young people**

**Population group rating: Good**

### **Findings**

- Additional nurse appointments were available until 7pm on a Monday 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.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.

## **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.
- GP Alliance Hub appointments were available up to 8pm and on both Saturday and Sunday for patients and could be booked in advance for weekends.
- Telephone consultations were provided to patients.



**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.

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

**Population group rating: Good**

**Findings**

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

## Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	94.6%	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)	86.9%	70.5%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	80.7%	65.5%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	87.5%	74.5%	74.4%	No statistical variation

Any additional evidence or comments
<ul style="list-style-type: none"> <li>The practice was above average compared with the CCG and national averages for accessibility/appointments.</li> </ul>

Source	Feedback
Comment cards	<ul style="list-style-type: none"> <li>The comment cards received were all positive about access to appointments.</li> </ul>

## 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.	5
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	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: <ul style="list-style-type: none"> <li>The practice had a complaints folder, all complaints we examined had been acknowledged and responded to in a timely way. The practice had a clear system in place and staff knew who the complaints lead was.</li> </ul>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient and her mother made separate complaints that practice had disclosed information that was harmful and confidential respectively without appropriate redaction.	The practice acknowledged the complaint and self-reported to the ICO together with the remedial action to avoid repetition.
A patient made a written and verbal complaint regarding the behaviour towards her of one particular partner.	The partner acknowledged the patients' grievance[s], apologised appropriately and made alterations in the patients record as requested.

## Well-led

## Rating: Good

At the last inspection in December 2017 we rated the practice as good for providing well led services. We found that all concerns raised at the last inspection had been addressed. At this inspection we found that whilst the practice had systems and processes in place, some systems needed to be developed, for example we identified,

- There was no system in place for reviewing audits the nurse practitioner had done, therefore partners were unable to satisfy themselves that the nurse was prescribing to a satisfactory standard.
- We had not seen sufficient evidence antimicrobial audits.
- A number of documents could not be found on the day of the inspection e.g. significant events policy, legionella risk assessment, and significant events minutes lacked detail, however documents were provided after the inspection
- There was no robust system in place for informing patients about minor pathology results.
- The practice had not undertaken an internal patient survey.

### 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.	Partial
They had identified the actions necessary to address these challenges.	Partial
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"><li>• The practice was not reviewing audits the nurse practitioner had done.</li><li>• We had not seen sufficient evidence of antimicrobial audits.</li><li>• GPs were not involved in the nurses' annual appraisal.</li></ul>	

### 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:	

## 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:	

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

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

## 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.	Partial
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"> <li>There was a designated lead for each clinical and non-clinical area. For example, there was a lead for safeguarding adult and children, complaints and infection control.</li> </ul>	

- We saw a number of policies and procedures in a folder as well as on the shared drive including.
- Health and safety policy
- Recruitment policy
- Repeat prescribing policy
- Interpreter policy
- Chaperone policy
- Whistle blowing
- Needle stick injury policy
- Safeguarding policy
- Complaints policy
- On the day of the inspection we did not see a significant event policy, however this was submitted shortly after the inspection.
- We did not see a legionella risk assessment, however shortly after the inspection the practice submitted a Legionella risk assessment, explaining that none of the systems they operate were known to present high risk and their hot and cold running water systems present a negligible risk of legionella growth or dispersal.

## Managing risks, issues and performance

### There were 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.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Partial
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"><li>• Staff told us they had yearly appraisals that were undertaken by one of the partners.</li><li>• GPs were not involved in the nurses' annual appraisal, nurses apprised each other, there was one nurse practitioner and two practice nurses.</li><li>• Whilst the practice had undertaken two full cycle audits, we had not seen any evidence to demonstrate that the practice was reviewing audits the nurse practitioner had done. Documents shown to us provided details on what had been prescribed but did not demonstrate an audit.</li><li>• We had not seen an audit of antimicrobial, the practice had submitted data after the inspection however, this was data gathered on two patients, and was insufficient to be accepted as an audit as it did not demonstrate optimising patient's outcomes.</li><li>• Whilst the practice had a system in place for contacting patients with very abnormal pathology results e.g. the patient would be phoned. The system for contacting patients with mild abnormalities needed to be more robust, for example we were told the practice would wait for patients to see/talk to the GP, or patients would be asked to ring the practice to check their results.</li></ul>	

## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes



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

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Partial
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"> <li>Although the practice told us they had reviewed the national GP patient survey, the practice had not undertaken their own patient survey.</li> <li>The practice had a suggestion box in the reception area, also on their website patients could complete a friends and family form.</li> <li>Staff feedback and highlighted a strong team with a positive supporting ethos.</li> <li>Staff feedback that leaders were approachable, they regularly communicated with them and there was a good relationship between leaders and staff.</li> <li>We spoke with five patients, all patients said they were happy with the service.</li> </ul>	

### Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> <li>We spoke to two members of the PPG, who told us that the group meets approximately four times a year. They stated that the doctors were approachable, always professional, made them feel comfortable and kept them involved in all health-related decisions. They told us the leaders of the practice listened to their concerns and where change could be made, change was implemented. If change could not be made then they were given an explanation.</li> <li>The PPG feedback that staff were caring and friendly, they were made to feel welcome.</li> </ul>

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• Since the last inspection the practice had made a number of changes to provide improvement for patients, for example,</li><li>• The practice had recruited a clinical pharmacist, to aid with medication reviews and following up patients, the practice was now actively monitoring quality improvement for patients with long term conditions and mental health.</li><li>• A new nurse had been recruited and would be starting in March 2019.</li><li>• A patient blood pressure machine had been installed in the down stairs reception area.</li><li>• A receptionist had been promoted to becoming the training manager overseeing that staff were up to date with their training. At this inspection all staff had conducted fire training, infection control training, safeguarding and mental capacity training.</li><li>• The practice had obtained a hearing loop.</li><li>• Emergency pull cords were now installed in the toilets.</li></ul>	

## 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.