

# Care Quality Commission

## Inspection Evidence Table

### Drs Phillips, Harding and Eggitt (1-584831316)

Inspection date: 29 January 2019

**Safe**

**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).	Partial*
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>*The majority of staff had completed safeguarding training. However, four non clinical staff and one member of the clinical team had not completed safeguarding adults and children's training. The Business Manager confirmed staff were booked to undertake this training. All staff were knowledgeable on how to recognise and report a safeguarding concern.</li></ul>	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>Innovation was encouraged to achieve sustained improvements in safety and continual reductions in harm. The practice had invited all practices in Doncaster, the CCG, community public health nurse and the local children's safeguarding board to their multidisciplinary education sessions. The topics of the sessions were determined by the participants but included examples and cases for calibration and trouble shooting. All staff were encouraged to attend, so shared learning could be, for example, from the receptionist or a GP.</li> <li>One of the GPs worked closely with Doncaster Children's Trust to safeguard children and had received an award for partner of the year due to their extensive safeguarding work.</li> <li>Staff and patients were able to report a safeguarding concern via the practices website.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
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

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: 3/12/2018	Yes
There was a record of equipment calibration. Date of last calibration: 3/12/2018	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: 20/12/2018	Yes
There was a log of fire drills. Date of last drill: 2/10/2015	Partial*
There was a record of fire alarm checks. Date of last check:	Yes
There was a record of fire training for staff. Date of last training:	Yes
There were fire marshals.	Yes

A fire risk assessment had been completed. Date of completion:	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>*Fire drills had lapsed between October 2015 to January 2019. However, staff we spoke to were knowledgeable of what to do in the event of a fire. The business manager told us a fire drill would be completed on the 30 January 2019.</li> </ul>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 28/01/2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 28/01/2019	Yes

### 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. Date of last infection prevention and control audit: 15/12/2018	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes

### 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	Yes

unwell patient and had been given guidance on identifying such patients.	
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: <ul style="list-style-type: none"> <li>Cover for staff absences was in place when needed.</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

### 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>	0.94	1.02	0.94	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
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>	8.5%	5.8%	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.	Partial*
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.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols 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

Medicines management	Y/N/Partial
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>*We observed blank prescriptions were logged into the practice by box number. However, there was no system to track the prescriptions within the practice as specified in NHS Counter Fraud Authority guidance.</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.	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:	21
Number of events that required action:	11
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Compliments were recorded as significant events, one incident was recorded as a compliment.</li> <li>Significant events were reviewed at either a clinical or practice meeting depending on the nature of the event. Learning was shared at clinical meetings and individual training/support provided if required. Administrative events were discussed at practice training sessions. At the time of inspection there were nine significant events to be discussed at the next appropriate meeting.</li> <li>The practice had a file of events for reference and training which was accessible to staff. The business manager was relatively new in post and had inherited the current system for monitoring and told us they would put a more effective system in place. However the business manager was knowledgeable about all of the significant events and aware of themes and trends.</li> </ul>	

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

Event	Specific action taken
A sample was sent under the wrong name in error	Discussed at the practice training session with staff and a new procedure was put in place. There was a new form in reception for patients to fill out when dropping off a sample.
Patient incorrectly booked onto the doctors triage list as there were two patients with same name registered at the practice.	Alerts now added to both patients records. Staff to check date of birth and address to make sure correct patient.

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: <ul style="list-style-type: none"> <li>There was a lead GP for receiving and actioning safety and medicines alerts. These were shared with the appropriate staff via a notification and discussed at either the clinical or practice meeting.</li> </ul>	

## 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>	0.11	0.55	0.81	Significant Variation (positive)

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>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.</li> <li>The practice followed up on older patients discharged from hospital. It ensured that their care plans</li> </ul>

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.
- The practice had undertaken two education sessions for patients with Diabetes. These sessions had a positive impact on the patients that had taken part. For example, the practice had seen patients take more responsibility for their overall health and patients reported weight loss.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	83.6%	81.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	16.3% (58)	12.6%	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)	77.4%	82.9%	77.7%	No statistical variation
Exception rate (number of exceptions).	15.4% (55)	9.0%	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)	78.1%	82.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	21.6% (77)	14.8%	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)	81.6%	76.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	20.9% (66)	9.5%	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)	90.7%	91.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	31.2% (49)	12.9%	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)	84.2%	85.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	7.2% (65)	3.7%	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)	95.5%	91.4%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.3% (6)	5.1%	6.7%	N/A

## Families, children and young people

Population group rating: Outstanding

### Findings

- Childhood immunisation uptake rates were above 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.
- Staff were consistent in supporting patients to live healthier lives, including identifying those who needed extra support, through a targeted and proactive approach to health promotion and

prevention of ill-health, and they used every contact with people to do so. For example the practice had developed nine patient education videos based on patient's needs which were available on social media and on their practice website. These videos were informative for both patients and the wider population. 662 people had signed up to the social media page and there were high numbers of people viewing the videos. For example, a video demonstrating how to use a steroid cream had been viewed 10,928 times.

- Young people could access services for sexual health and contraception.
- Baby clinics and antenatal and postnatal care were available.

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) <small>(NHS England)</small>	49	50	98.0%	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) <small>(NHS England)</small>	45	46	97.8%	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) <small>(NHS England)</small>	44	46	95.7%	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) <small>(NHS England)</small>	45	46	97.8%	Met 95% WHO based target (significant variation positive)

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

Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>• The practice had systems to inform eligible patients to have the meningitis vaccine, for example, before attending university for the first time.</li> <li>• 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.</li> <li>• Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.</li> </ul>

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)	76.2%	74.2%	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)	81.3%	73.4%	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)	62.9%	58.2%	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)	73.3%	65.6%	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)	42.1%	42.7%	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 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.
- The healthcare team received regular learning disabilities training from the learning disabilities nurse who had also provided training to the administration team. Further training was scheduled in March 2019 designed to help non clinical staff identify how they can support patients.

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

Population group rating: Good

#### Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term

medication.

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practice were trialling peer to peer support sessions with a couple of patients lead by one of the GP partners. The practice had seen a reduction in discharge letters from the out of hour's service for these patients.
- 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.
- They were a veteran friendly practice (this is a national scheme to improve medical care and treatment for former members of the armed services).

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>	94.7%	93.0%	89.5%	No statistical variation
Exception rate (number of exceptions).	40.6% (13)	20.8%	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>	100.0%	94.5%	90.0%	Variation (positive)
Exception rate (number of exceptions).	31.3% (10)	15.7%	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>	88.6%	82.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	17.0% (9)	9.1%	6.6%	N/A

## Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	557.7	537.5	537.5
Overall QOF exception reporting (all domains)	8.2%	6.0%	5.8%

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

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

- We saw evidence of an annual audit for a contraceptive implant. The audit was undertaken to monitor any complications arising from the insertion of the implants. The audit identified patients' who had an implant inserted or removed did not have any complication from the procedure. Recommendations from the audit included to continue to counsel patients in detail prior to the procedure and give them written information so they are aware of and prepared for potential side effects and complications of having an implant inserted.
- We saw evidence of a one cycle audit for a long term condition. The audit was undertaken to evaluate the management and follow-up of patients with a long term condition is in line with current guidelines. The audit showed clinical guidelines were not followed. Recommendations from the audit identified seven areas for improvement.
- The results of clinical audits were presented at clinical meetings and practice training sessions to share learning with staff.

#### Any additional evidence or comments

- There was a holistic approach to assessing, planning and delivering care and treatment to all patients who use the practice. New evidence-based techniques and technologies were used to support the delivery of high-quality care. For example the practice had redesigned heart failure care, severe mental illness (SMI) health checks and safeguarding to meet the mandate from NICE guidance.
- NICE guidance (NICE quality standards are evidence-based statements of best practice so they were useful to support quality improvement activity) recommended an increase in the use of certain medications for chronic heart failure to reduce hospitalisation and deaths. They also identified the benefit of a specialist heart failure multi-disciplinary team working with a primary care team. To meet the mandate from NICE guidance the practice will deliver heart failure management for patients from four hubs within Doncaster with the support from a multi-disciplinary team (consultant cardiologist, lead GP, heart failure nurse, pharmacist and a healthcare assistant). The hubs will deliver heart failure management Monday to Fridays between 8am and 6pm.
- NICE guidance recommended that physical health checks should be provided within primary care and GPs should monitor the physical health of people with schizophrenia at least once a year. In response to this mandate the practice had redesigned the care model to ensure 60% of the SMI population had an enhanced physical health assessment, delivery within primary care and delivering/recording all 12 aspects of the enhanced QOF indicators.

## 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.	Partial*
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>*All non-clinical staff had received an appraisal, clinical staff were due an annual appraisal and this had been booked. Clinical staff confirmed they received an annual appraisal.</li> <li>All staff had received a one to one with their manager and told us they felt supported.</li> <li>The practice had 'back to the floor' sessions to develop the skills and broaden the knowledge of administration staff to enable them to be multi skilled.</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 organisations were involved.	Yes

Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice website had a list of services for patients to access so the GP did not have to refer them.</li> <li>The practice worked collaboratively with four care homes. A named GP visited the care homes weekly to deliver general medical services. The visit provided a single point of contact for the care home staff.</li> </ul>	

## 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: <ul style="list-style-type: none"> <li>Staff were consistent in supporting patients to live healthier lives, including identifying those who needed extra support, through a targeted and proactive approach to health promotion and prevention of ill-health, and they used every contact with people to do so. For example, the practice had developed nine patient education videos based on patient's needs which were available on social media and on their practice website. These videos were informative for both patients and the wider population. 662 people had signed up to the social media page and there were high numbers of people viewing the videos. For example a video demonstrating how to use a steroid cream had been viewed 10,928 times.</li> <li>The practice had also developed their own health videos which were displayed on the television in the waiting area.</li> <li>The practice empowered patients to manage their condition themselves and utilise self-referral pathways which were available on the practices website.</li> <li>There was also a blood pressure monitoring machine in the waiting area of the practice for patients to use.</li> </ul>	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions:	95.7%	96.1%	95.1%	No statistical variation

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>				
Exception rate (number of exceptions).	3.5% (51)	0.8%	0.8%	N/A

## Consent to care and treatment

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

Consent to care and treatment	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: <ul style="list-style-type: none"> <li>Staff were aware of the need to request consent to share records with referrals in line with General Data Protection Regulation principles.</li> </ul>	

## Caring

**Rating: Good**

### Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion.**

Kindness, respect and compassion	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes

### CQC comments cards

Total comments cards received.	10
Number of CQC comments received which were positive about the service.	8
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
CQC Comment Cards	<ul style="list-style-type: none"> <li>• Three members of staff told us they always put the patient's needs first and the GPs went above and beyond their duties.</li> <li>• Positive feedback received about the service and staff. Patients told us the staff were supportive, helpful, polite and caring and they generally received an excellent service.</li> <li>• Mixed comments were in relation to not always being able to get through to the practice by telephone.</li> </ul>
Patients we spoke with	<ul style="list-style-type: none"> <li>• We spoke with four patients who all told us that they were generally happy with the service they received. Patients talked of having no complaints, being treated with dignity and respect and receiving a good service.</li> <li>• Two mixed comments were in relation to not always being able to get through to the practice by telephone.</li> </ul>

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5607	292	131	44.9%	2.34%

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)	93.5%	87.8%	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)	93.2%	86.4%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	95.4%	94.6%	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)	88.5%	82.1%	83.8%	No statistical variation

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

### Any additional evidence

- The practice reviewed and monitored feedback through a variety of sources which included their own patient survey, the patient participation group, NHS choices website, electronic feedback through the practices website, social media and the national NHS Friends and Family test.
- As a result of patient feedback the practice had introduced appointment reminders by text message, an extra telephone line, increased the flexibility of flu clinics and engaged with the local pharmacy to ensure a smoother service and timely prescriptions.
- Comment boxes were displayed in the practice to invite patient feedback.
- The practice were relaunching the patient participation group (PPG) and were promoting this to patients when they attended the practice, via their website and social media.

### 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

Source	Feedback
Interviews with patients.	<ul style="list-style-type: none"> <li>• Patients told us they felt involved in decision making about the care and treatment they received. They told us they felt listened to and supported.</li> </ul>

### 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)	95.2%	91.7%	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
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice website was multilingual to meet the needs of the patient population.</li> <li>The practice provided information about available services in the reception area. They also had a very informative website which signposted patients to self-referrals and patient education videos.</li> </ul>	

Carers	Narrative
Percentage and number of carers identified.	19 carers were identified; this represented approximately 1% of the practice list.
How the practice supported carers.	There was an informative noticeboard in the waiting area at the practice.
How the practice supported recently bereaved patients.	The practice would invite anyone they knew as recently bereaved to the practice to offer support. The practice would also send a bereavement card.

## Privacy and dignity

The practice respected always respect patients' privacy and dignity.

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:	
<ul style="list-style-type: none"> <li>The practice had implemented an automated self-check-in system for patients to assist with confidentiality at the reception desk.</li> <li>There was a private room available should patients wish to discuss confidential issues.</li> <li>Receptionists were answering the telephones to patients whilst sat at the front desk. These conversations could be heard in the waiting room. However, staff did not use patient identifiable information during the conversations we heard. A television was on in the waiting area to further help minimise the chances of conversations being overheard.</li> </ul>	

## 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	0830 - 1300 1330 - 1800
Tuesday	0830 - 1300 1330 - 1800
Wednesday	0730 - 1300 1330 - 1945
Thursday	0830 - 1300 1330 - 1800
Friday	0830 - 1300 1330 - 1800
Appointments available:	
	<p>Morning and afternoon appointments were offered with the doctors and practice nurses daily Monday to Friday.</p> <p>The practice offered extended hours appointments on Wednesday mornings from 7:30am and Wednesday evenings until 7:45pm.</p>

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5607	292	131	44.9%	2.34%

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)	95.9%	94.6%	94.8%	No statistical variation

### Older people

### Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>All patients had a named GP who supported them in whatever setting they lived.</li> <li>The practice was responsive to the needs of older patients, and offered telephone triage, skype</li> </ul>

consultations, 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/GP appointments were available at 7:30am until 7:45 pm on a Wednesday 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.

### **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 6:00pm on a Monday and Friday, with extended hours on Wednesdays till 7:45pm. 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.

### **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. For example, flexible times for their appointment, allowing longer appointments to ensure the patient doesn't feel rushed and also where appropriate, encouraging them to bring another

person along to their appointment.

- Patients with a hearing impairment could contact the practice by email.

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

**Population group rating: Good**

**Findings**

- Priority appointments, a named GP, flexibility of appointments and extended appointment slots were allocated when necessary to those experiencing poor mental health.
- Telephone consultations via Skype were available for patients who were unable to attend the practice.
- 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.**

Timely access to the service	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:	
<ul style="list-style-type: none"> <li>• The receptionist would take the details from the patient requesting a home visit and add the request to the computer appointment screen. The duty doctor would call the patient to review and assess the urgency of the request.</li> </ul>	

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)	58.4%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	70.5%	67.4%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or	83.4%	64.9%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)				
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	82.2%	73.3%	74.4%	No statistical variation
Any additional evidence or comments				
<ul style="list-style-type: none"> <li>The practice were aware of the data and had introduced a third telephone line, promoted access to online appointments to alleviate telephone access issues and offered extended hours at the practice.</li> </ul>				

Source	Feedback
CQC comment cards	<ul style="list-style-type: none"> <li>Mixed comments were in relation to not always being able to get through to the practice by telephone. Two out of four patients we spoke with also confirmed this as an issue.</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.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
	<b>Y/N/Partial</b>
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>Records of complaints were maintained and the business manager was knowledgeable about patterns and trends. The business manager was relatively new in post and had inherited the current system for monitoring and told us they would put a more effective system in place.</li> </ul>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Getting through to the practice by telephone	Installed a new telephone line.
Delayed referrals	Each referral was allocated an appointment slot in the secretary's diary so that they were not missed.

## Well-led

Rating: Good

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels.**

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>• The leadership team were knowledgeable about issues and priorities for the quality and sustainability of services, understood what the challenges are and acted to address them. They had adjusted the services to try to meet these challenges within the limitations of the building by employing additional staff, increasing telephone lines and providing extra appointments.</li><li>• Succession planning was in place for retirement of key staff.</li></ul>	
Vision and strategy	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: <ul style="list-style-type: none"><li>• The practice vision was to “care for all the family, from sapling to great oak”.</li></ul>	

### Culture

**The practice had a culture which drove high quality sustainable care.**

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes

The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Although some staff had not received a formal appraisal, staff we spoke with reported there was an open-door culture to both the management team and GPs and they had received informal one to one meetings. Staff we spoke with told us they felt supported and worked well as a team and were encouraged to develop and attend training.</li> <li>The practice was aware of and had systems to ensure compliance with the requirements of the duty of candour.</li> </ul>	

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

Source	Feedback
Staff interviews	<ul style="list-style-type: none"> <li>Staff told us the management were supportive and approachable. Staff feedback demonstrated they were knowledgeable and understood the reporting of incidents.</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.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>There were systems in place to monitor significant events, complaints and training. The business manager was relatively new in post and had inherited the systems. There were plans to introduce an effective and comprehensive process to identify, monitor and address current and future risks.</li> </ul>	

### 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.	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>Fire drills had lapsed between October 2015 to January 2019. However, staff we spoke with were knowledgeable of what to do in the event of a fire. The practice manager told us a fire drill would be completed on the 30 January 2019.</li> </ul>	

### Appropriate and accurate information

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

Appropriate and accurate information	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

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The service proactively engaged and involved all staff and ensured that the voices of all staff were heard and acted on to shape services and culture. For example, the practice had undertaken a staff survey which informed the business plan.</li> <li>The practice was transparent, collaborative and open with the patient participation group about performance, to build a shared understanding of challenges to the practice and the needs of the patients and to design improvements to meet them.</li> </ul>	

Feedback from Patient Participation Group.

### Feedback

- They told us they were in the process of relaunching the group and were actively encouraging patients to join. They told us the practice were very open and engaging, they were aware of the challenges and action the practice had taken to improve.

#### Any additional evidence

### 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:

- We saw from records that learning from incidents and complaints was shared with staff and processes were reviewed and improved where necessary.
- The practice was a teaching and training practice for GPs, nurses and pharmacists.
- One GP had received a star award for Partner of the year by Doncaster Children's Trust in recognition of the extensive work the GP had undertaken in safeguarding children.

#### Examples of continuous learning and improvement

- Innovation was encouraged to achieve sustained improvements in safety and continual reductions in harm. The practice had invited all practices in Doncaster, the CCG, community public health nurse and the local children's safeguarding board to their multidisciplinary education sessions. The topics of the sessions were determined by the participants but included examples and cases for calibration and trouble shooting. All staff were encouraged to attend, so shared learning could be, for example, from the receptionist or a GP.
- The practice had 'back to the floor' sessions to develop the skills and broaden the knowledge of administration staff to enable them to be multi skilled.

## Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

- Child Immunisation indicators. These are scored against the World Health Organisation target of 95% rather than the England average.
- The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone uses a rules based approach for scoring, due to the distribution of the data. This indicator does not have a CCG average.

It is important to note that z-scores are not a judgement in themselves, but will prompt further enquiry, as part of our ongoing monitoring of GP practices.

Guidance and Frequently Asked Questions on GP Insight can be found on the following link: <https://www.cqc.org.uk/guidance-providers/gps/how-we-monitor-gp-practices>

### Glossary of terms used in the data.

- **COPD:** Chronic Obstructive Pulmonary Disease
- **PHE:** Public Health England
- **QOF:** Quality and Outcomes Framework
- **STAR-PU:** Specific Therapeutic Group Age-sex weightings Related Prescribing Units. These weighting allow more accurate and meaningful comparisons within a specific therapeutic group by taking into account the types of people who will be receiving that treatment.