

# Care Quality Commission

## Inspection Evidence Table

### West Road Surgery (1-941722152)

Inspection date: 22 January 2019

Date of data download: 03 January 2019

## Overall rating: Good

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

## Safe

## Rating: Good

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	n/a
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
<ul style="list-style-type: none"><li>Clinical staff acted as chaperones and all had enhanced DBS checks in place.</li><li>Staff knew who the lead for safeguarding was at the practice.</li><li>The practice told us relevant staff attended safeguarding meetings.</li><li>Patients vulnerability was identified on their medical records to support staff to provide a service to meet their needs.</li></ul>	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>• There was safeguarding information on the walls of the practice along with information for referrals. The practice had also produced a safeguarding leaflet for patients.</li> <li>• We were told clinicians had excellent communication links with health visitors and school nurses when needed.</li> <li>• The practice shared a dropbox with other practices in the local area which was updated by a named person in the locality and contained the most current safeguarding guidance. This avoided any important updates being missed.</li> </ul>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
A sample of staff files, including a locum, were seen and all complied with regulations and with the recruitment policy and procedure of the practice.	
A named person was responsible for ensuring staff vaccinations were maintained in line with current guidance.	

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: <b>November 2018</b>	Y
There was a record of equipment calibration. Date of last calibration: <b>November 2018</b>	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: <b>October 2018</b>	Y
There was a log of fire drills. Date of last drill: <b>10 January 2019</b>	Y
There was a record of fire alarm checks. Date of last check: <b>18 January 2019</b>	Y
There was a record of fire training for staff. Date of last training: <b>6 November 2018</b>	Y
There were fire marshals.	Y

A fire risk assessment had been completed. Date of completion: <b>April 2018</b>	Y
Actions from fire risk assessment were identified and completed. These included evacuation chair training and clearer signage for assembly points.	Y

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

### **Infection prevention and control**

**Appropriate standards of cleanliness and hygiene were met/not met.**

	<b>Y/N/Partial</b>
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	Jan 2019
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
There was a named member of clinical staff with overall responsibility for infection prevention and control.	

### **Risks to patients**

**There were adequate systems to assess, monitor and manage risks to patient safety.**

	<b>Y/N/Partial</b>
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
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.	Y

There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<ul style="list-style-type: none"> <li>National pathways for sepsis were seen in each clinical room to support staff identify and assess patients with possible sepsis.</li> <li>Sustainability and cover for staff absences and busy periods was provided by training the staff to be multiskilled. Additional staff had recently been recruited.</li> <li>Staff showed us how they raised the alarm if an emergency occurred.</li> <li>We saw clinical waste was stored securely and locked-up outside of the practice.</li> <li>Spillage kits were seen to deal with possible bio hazard events.</li> <li>Evidence was recorded of a recent event where a patient's condition deteriorated while in reception and the actions that were taken. These were in line with the practice's guidance.</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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
<ul style="list-style-type: none"> <li>The practice used icons and flags to identify vulnerable groups for example vulnerable children, and people at the end of their life.</li> <li>There was a procedure to ensure test results were dealt with in a timely manner and managed when clinicians were absent.</li> <li>Two weeks wait and referral letters were appropriately prioritised and tracked to ensure people did not experience delays.</li> <li>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.</li> </ul>	Y

## 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>	1.26	1.04	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>	14.4%	11.8%	8.7%	Variation (negative)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
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.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
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.	Y
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.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
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.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y

Medicines management	Y/N/Partial
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
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.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
<ul style="list-style-type: none"> <li>• Appropriate antimicrobial antibiotic use at the practice was audited by the community pharmacist and supported by the practice audit clerk. Although the number of antibacterial prescription items for the practice was above the local and national average they had worked hard to reduce the number, following the merger of the practices. They had managed this by initiating an action plan and with the support of the local Clinical Commissioning Group (CCG).</li> <li>• Prescriptions were locked away securely and tracked throughout the practice to ensure they were safe.</li> <li>• There was a procedure to manage uncollected prescriptions.</li> <li>• Regular checks were made on high risk medicine prescribed.</li> <li>• A sample of patient group directives showed that staff had the appropriate authorisations to administer medicines.</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.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	4
Number of events that required action:	4
Significant events were reviewed in clinical and practice meetings. Any learning acquired was shared and discussed in these meetings to reduce the risk of repeated events.	

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

Event	Specific action taken
<p>The niece of a patient requested that a district nurse visit her 93year old aunt to dress her legs. On reviewing records, the duty doctor realised the patient had not seen a GP since 2008 (this was a new patient who had joined the practice as part of the recent merger with another surgery).</p>	<p>The GP carried out a home visit and diagnosed the cause of the problem and implemented appropriate treatment.</p> <p>It was agreed that when a home visit was requested by a patient from the new list, a thorough check of the patient's records must take place.</p>
<p>A patient was seen by the doctor as he thought he had a reaction to new medication started by the cardiologist. During the consultation, the patient collapsed.</p>	<p>Clinical staff implemented emergency procedures immediately. An ambulance was called as the patient was experiencing chest pains. Whilst waiting for the ambulance to arrive, the clinical staff monitored the patient's condition and reception staff made follow up calls to check on the progress of the ambulance. It was agreed that one of the GP partners would make contact with the ambulance service to discuss the length of time to respond to a call from the practice.</p>

Safety alerts	Y/N/Partial
<p>There was a system for recording and acting on safety alerts.</p>	<p>Y</p>
<p>Staff understood how to deal with alerts.</p>	<p>Y</p>
<ul style="list-style-type: none"> <li>• The medicine and healthcare regulatory agency (MHRA) alerts, were recorded showing the date alerts were received and who they were sent to within the practice.</li> <li>• We checked a sample of patient records that had been affected by recent alerts and found that the required actions had been taken.</li> <li>• An audit was undertaken in January 2019 of all patients on valproate in line with the renewed guidance that healthcare professionals must continue to identify and review all female patients on this medication.</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.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y

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>	3.07	1.40	0.81	Significant Variation (negative)

The practice had completed an audit on the average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU). Following this audit, data showed that the significant negative variation in performance was due to a number of patients who joined the practice in April 2018 as part of the takeover of a local practice. An action plan was put in place and the data has improved. The local clinical commission group (CCG) medicines management team was working with the practice and the community pharmacist visits the practice twice – weekly to carry out regular reviews of the prescribing.

## Older people

## Population group rating: Good

### Findings

- All patients over 75 received a letter advising them of their named GP. People over 75 were also offered a health check.
- Home visits were offered to housebound patients, this included visits for example, to review long term conditions or provide flu vaccinations.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.



- We were told a greater tolerance for patients not attending for their appointments and late arrivals was given to this population group.
- The practice told us they tried to book elderly patients' appointments during daylight hours.
- 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.
- The practice provided medical care for a local residential care home as part of an enhanced service, including weekly visits by a GP.

## 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.
- We found a co-ordinated system in place to ensure patients were seen according to their clinical need and sent reminders for their review.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training. The clinical staff team included a specialist diabetic nurse who ran twice weekly diabetes clinics, including one in the evening. This allowed patients to receive care normally provided in secondary care at the practice, for example, the diabetic nurse specialist could provide insulin initiation. This specialist care had prevented unnecessary visits to the practice, improved the patient experience and promoted their own self-management.
- 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.
- Flu vaccinations were offered annually to all patients with a long term condition.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	77.7%	74.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	15.4% (66)	8.4%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	62.5%	72.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	16.1% (69)	8.8%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.5%	72.8%	80.1%	No statistical variation
Exception rate (number of exceptions).	26.1% (112)	12.5%	13.5%	N/A

#### Any additional evidence or comments

The practice had recognised from internal audits that the exception reporting rate for patients with diabetes was higher than local and national averages and had employed a specialist diabetic nurse to address this. She ran twice weekly clinics, including one in the evening. She was trained in all aspects of diabetes including insulin pump use. She especially promoted healthy living by using patient success stories.. Data provided by the practice showed that there had been an improvement in this area.

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	70.1%	74.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	0.8% (4)	5.4%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.7%	90.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	7.6% (13)	9.9%	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	83.2%	80.4%	82.6%	No statistical variation

measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	3.5% (33)	4.3%	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)	93.0%	91.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.8% (5)	5.8%	6.7%	N/A

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates were in line with or exceeded the World Health Organisation (WHO) targets.
- We were told children under the age of one year were automatically given priority when requesting appointments, and where possible asked to come in as soon as they can.
- All staff had completed the appropriate safeguarding training. Receptionists knew who the safeguarding lead was at the practice and how to raise a concern.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)(i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	112	124	90.3%	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)	139	151	92.1%	Met 90% minimum (no variation)

(01/04/2017 to 31/03/2018) (NHS England)				
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)	139	151	92.1%	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)	136	151	90.1%	Met 90% minimum (no variation)

### Any additional evidence or comments

It had been agreed in the locality that the practice would host a joint paediatric locality project from 1 February 2019. The project provided fortnightly clinics for under 5's jointly led by the GP and paediatrician, in order to give patients fast access to routine collaborative care.

### 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.
- The practice had introduced an email service for some working patients.

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)	68.9%	70.6%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	62.9%	62.6%	70.1%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	50.0%	49.5%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months,	54.3%	59.9%	70.3%	N/A

who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) <small>(PHE)</small>				
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) <small>(PHE)</small>	40.5%	46.7%	51.9%	No statistical variation
The cancer indicators were influenced by the practice for example, by monitoring, reminding and referring people in a timely manner.				

### 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. We saw a high priority alert on the home screen of each patient considered vulnerable so that staff could provide the flexibility needed for this population group when requesting appointments.
- 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.
- A social worker delivered weekly drop-in sessions for patients at the practice. This also enabled staff to discuss individual patients' needs directly.
- The practice provided care to homeless people by registering them c/o the surgery address.

### 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.
- The patients in this population group were identified on the home screen of their medical records to aid staff to provide patients with the information for their health needs.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

- All staff had received dementia training.
- The practice told us that they had a higher rate of dementia compared to the national average. Patients were referred to the Memory Loss Clinic and risk factors for vascular dementia were treated pro-actively. Patients and carers were encouraged to maintain a healthy lifestyle and were signposted to relevant 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) (QOF)	93.4%	91.8%	89.5%	No statistical variation
Exception rate (number of exceptions).	3.6% (4)	17.4%	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)	95.5%	91.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	13.7%	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) (QOF)	90.7%	81.7%	83.0%	No statistical variation
Exception rate (number of exceptions).	3.6% (2)	14.9%	6.6%	N/A

#### Any additional evidence or comments

The practice mental health quality performance data showed they exceeded local and national practices, with very low exception rates, due to their effectiveness and responsiveness.

#### 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)	542.8	524.3	537.5
Overall QOF exception reporting (all domains)	6.8%	5.1%	5.8%

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

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

<ul style="list-style-type: none"> <li>A therapeutic review of patients with diagnosis of COPD and co-diagnosis of COPD and asthma resulted in changes in medication for patients, referrals to lifestyle counselling, and patients joining the smoking cessation programme at the practice. All patients who had a change of medication were offered follow up appointment after a month.</li> <li>A second cycle audit was carried out to assess compliance of specific prescribing with NICE Guidelines. The results demonstrated improved prescribing for high-risk patients. A number of patients were identified whose prescription needed reviewing and these were contacted to attend a review.</li> </ul>
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### 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.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
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.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
The practice had named staff members as leads in specific areas with responsibilities split between GP leads and nursing / non-clinical leads.	



## 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)	Y
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.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
Multi-disciplinary palliative care meetings were held regularly. We saw evidence of co-ordinated care and treatment decisions in the minutes taken during these meetings.	

## 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.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y
<ul style="list-style-type: none"> <li>Clinical staff at the practice had attended training to enable the practice to be Park Run affiliated. Park runs are free, weekly events organised by local volunteers. They are open to people of all ages and abilities to walk / run together to improve their health and well-being.</li> <li>The practice took part in a funded initiative to support patients to quit smoking, led by a healthcare assistant. Computer software and a comprehensive suite of tools were used to monitor and manage patients during the programme. Over a period of a year, 40 patients had successfully quit smoking. Patients were followed up to check on their progress and offered further support if required.</li> </ul>	

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,	93.8%	94.8%	95.1%	No statistical variation



diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	0.7% (13)	0.6%	0.8%	N/A

### Consent to care and treatment

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

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

## Caring

**Rating: Good**

### Kindness, respect and compassion

**Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.**

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
The surgery was located on the first floor and lifts were available for less mobile patients. The car park had a number of designated disability bays close to the entrance of the building.	

### CQC comments cards

Total comments cards received.	31
Number of CQC comments received which were positive about the service.	26
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	2

Source	Feedback
CQC comments cards	Staff are very caring, and the receptionists are polite and professional. GPs and nurses provide really good care. The practice is always clean. Patients feel listened to. Patients are treated with dignity and respect. Difficulty in getting through on the telephone to make an appointment.
Practice Survey October 2018	64% of people felt that telephone answering speed was fair to excellent. A significant proportion (36%) of people felt that the speed at which the telephone was answered was poor. The practice responded by dedicating another telephone line for appointments and plans were in place to upgrade the current telephone system in June 2019, when the current contract expires.

## 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
11097	341	109	32%	0.98%

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)	86.6%	84.2%	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)	80.1%	82.7%	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)	94.0%	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	74.4%	79.4%	83.8%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
(01/01/2018 to 31/03/2018)				

Any additional evidence or comments
As a result of the survey data, the practice looked at ways they might improve and produced an action plan. They conducted a follow-up survey eight months later to review the effectiveness of the actions. The reason for the lower score in the indicator – ‘the percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice’, was due to the difficulty in getting through to the surgery on the telephone. This was addressed by freeing up another telephone line for appointments and a decision to change the telephone system in June 2019 when the current contract expires. The CQC comments cards received on the day of the inspection indicated an improved level of satisfaction.

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

### 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.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Interviews with patients.	Patients told us they were involved in their care and treatment decisions and were given the opportunity to make choices about their care.

### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	89.7%	92.4%	93.5%	No statistical variation

	Y/N/Partial

Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
The practice website had a 'translate page' option which allowed each page on the website to be translated into a wide range of different languages.	
The clinical team spoke five different languages between them, representative of the local demographic.	

Carers	Narrative
Percentage and number of carers identified.	<ul style="list-style-type: none"> <li>The practice had identified 134 carers. This equates to 1.2% of their patients.</li> </ul>
How the practice supported carers.	<ul style="list-style-type: none"> <li>Information was available in the practice and on the website.</li> <li>The practice was in contact with local and national agencies for information about services for carers.</li> <li>The administrative staff were aware of the need to identify and code carers on the patient record system. This allowed staff to be flexible when offering support or appointments.</li> <li>Patients on the carers register were reviewed annually to check they had received a health check and a flu vaccination.</li> </ul>
How the practice supported recently bereaved patients.	Staff told us if families had suffered a bereavement, their GP contacted them to offer an appointment when appropriate. Staff updated the patient records in a timely way.

## 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.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
The reception area supported confidentiality. Patients were asked to stand back if there was a queue at the reception desk. A side room was available for reception staff to talk to patients if they needed further privacy. Paperwork, prescriptions and pathology forms waiting to be collected were positioned to ensure they could not be seen by patients waiting at reception.	

## 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.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
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.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
The practice had a clinician triage system to assess whether a home visit was clinically necessary and the urgency for medical attention.	

Practice Opening Times	
Day	Time
Monday	8am – 6.30pm
Tuesday	8am – 6.30pm
Wednesday	8am – 6.30pm
Thursday	8am – 8.30pm
Friday	8am – 6.30pm
Appointments could be booked remotely for Saturdays and Sundays between 9am – 2pm and evenings between 6.30pm – 8pm at local practices as part of the local extended service in Southend.	

### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
11097	341	109	32%	0.98%

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)	91.0%	94.1%	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.

## People with long-term conditions

## Population group rating: Good

### Findings

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

## Families, children and young people

## Population group rating: Good

### Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary. This was confirmed from patient feedback on the day of the inspection.
- On-line and mobile technology was available for all patients that have consented to use it. Online appointments were available and SMS texting was used to remind patient of upcoming appointments.
- The practice had agreed to host the Joint Paediatric Locality Project in East Central locality as a response to prevalent health and social care inequalities in the area.

## 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 8.30pm on a Thursday. Pre-bookable appointments were also available to all patients at additional locations within the area on a Saturday and Sunday from 10:00 – 15:00 and evenings from 18:00 – 19:50.
- Patients could book or cancel appointments online, order repeat medication without the need to attend the surgery, and contact the practice via email.
- Limited email consultations were available for selected 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**

- The practice told us their population demographic had a high number of patients with mental health conditions, including depression and dementia.
- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Double length appointments were provided when necessary for mental health patients with complex needs.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- Patients at risk of dementia were identified and offered an assessment appointment to detect possible signs of 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.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

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)	37.3%	n/a	70.3%	-
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)	51.6%	64.2%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	48.0%	62.3%	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)	73.8%	73.7%	74.4%	No statistical variation

### Any additional evidence or comments

The practice developed an action plan in order to identify where they could make improvements and took the prompt action of making an additional phone line available for appointments. A plan was in place to replace the telephone system with one which enabled patients to be held in a queue until their call was answered, as opposed to the system which was in place which ended the call after a time, meaning the patient had to redial.

Source	
NHS Choices	Ratings based on 17 reviews: Telephone access:  Appointments:  Dignity and respect:  Involvement in decisions:  Providing accurate information: 



Patient feedback had been reviewed and where concerns had been raised these had been responded to.
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### Listening and learning from concerns and complaints

### Complaints were listened and responded to and used to improve the quality of care.

Complaints	
Number of complaints received in the last year.	10
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.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
We saw that learning from complaints was discussed both informally and also in practice meetings.	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient had made complaints about three doctors directly to the General Medical Council (GMC) regarding failure to diagnose a medical condition and other issues.	The GMC found all three doctors to have acted appropriately and examples of good practice had been shown. None of the concerns were upheld. The GMC identified that the doctors had sought appropriate specialist advice.  It was decided to increase the awareness of mental health difficulties with patients. Staff attended a training event to enhance their awareness of the issues. One GP undertook specific research and extra training modules on equality and diversity were undertaken by clinical staff.
A patient was unhappy about being removed from the practice list as they lived outside of the practice boundary.	A letter was sent explaining that since merging with the patient's previous practice, they were unable to keep patients on who live a long way outside the boundary as this was not safe care. Guidance was given on finding a new practice.

## 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.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y

### 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.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
The practice had a clear vision and also specific goals following the takeover of a local practice. Staff we spoke to were aware of these priorities and were fully on board with them.	

### 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.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y

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

Source	Feedback
Interviews with staff members	<ul style="list-style-type: none"> <li>• We were told the management and clinicians were all visible daily, supportive and accessible.</li> <li>• Staff told us they were encouraged to raise concerns, suggest new ideas, and they felt listened to. Staff also told us they had been given opportunities for training and development.</li> <li>• Staff were kept informed about, and contributed ideas to changes in processes or procedures regularly during practice meetings and in day to day conversations.</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.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Review dates within policies and procedures were well managed and updates were seen to meet current guidelines and legislation.	

## 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.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
We saw a wide range of clinical and administrative audits to monitor patient outcomes and internal administrative processes to show performance and understand where improvements were needed.	

## 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.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

## 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.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
The staff told us they were encouraged to take part in planning and improving services at the practice. We saw evidence that new staff had received a comprehensive induction, and were not expected to work unsupported until they were comfortable with their role.	

## Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"><li>• The patient participation group (PPG) were active and met regularly.</li><li>• The group was self-sufficient but support was available from the practice when it was needed. Minutes from their meetings showed that they were kept informed of any planned changes and had an opportunity to share their views.</li><li>• The PPG actively sought to increase their membership and they had space in the reception area for a desk, displays and information leaflets.</li><li>• The group produced regular newsletters which were available on the website and on display in the reception area.</li><li>• The group had recently organised a multi – agency event at the practice where local health and support agencies were available face to face for any patient interaction.</li></ul>

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y

## Examples of continuous learning and improvement

We saw examples of continuous learning and development by the GPs at the practice:

- Further study relating to mental capacity.
- A GP trainer and pharmacist trainer as part of the prescriber's course.
- A GP tutor and examiner for medical students and a GP trainer (awaiting status).
- Voluntary work to support young people with mental health problems
- Volunteer medical adviser to Southend Lifeboat Station.
- Work with NATO involving hands on patient evacuation.
- A Major in the Territorial Army, planning medical operational strategies for troops going overseas.
- An immunisation trainer for the local area.
- Respiratory trainer for nurses.
- A moderator for university exams.
- A GP Registrar OSCE assessor.

### 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

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.