

Care Quality Commission

Inspection Evidence Table

Moorlands Surgery (1-541161193)

Inspection date: 20 February 2019

Date of data download: 05 February 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.	Y
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
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.	Y

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

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: 15/3/2018	Y
There was a record of equipment calibration. Date of last calibration: 12/7/2018	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals – completed 3/7/2018	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check: 31/1/2019	Y
There was a log of fire drills. Date of last drill: 25/4/2018	Y
There was a record of fire alarm checks. Date of last check: 15/2/2019 and 18/2/2019	Y
There was a record of fire training for staff. Date of last training: 20/04/2018	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 10/9/2018	Y
Actions from fire risk assessment were identified and completed.	P
<p>Explanation of any answers and additional evidence:</p> <p>A fire risk assessment identified some areas that required action – there was an action plan for these and an ongoing timescale for completion documented.</p> <p>The management of the practice had employed a safety consultant to give guidance and ensure compliance with health and safety. Further examples of compliance with safety included;</p> <p>Fixed wiring inspection 21/1/2017 Lone worker policy 3/7/2018 Work related stress policy 3/7/2018 Emergency lighting test 31/1/2019 Gas safety 14/8/2018</p>	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 21/1/2017 and 3/7/2018	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 13/6/2018	Y

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
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: October 2018	Y
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

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.	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 another 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

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
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.	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>	0.95	1.02	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>	7.3%	6.3%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	5.06	5.09	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) <small>(NHSBSA)</small>	2.27	2.13	2.22	No statistical variation

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	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
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.	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.	Y
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
<p>Explanation of any answers and additional evidence:</p> <p>We saw evidence of weekly supervision of non-medical prescribers by one of the GPs, they also completed reflective sheets.</p>	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	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:	17
Number of events that required action:	17
Explanation of any answers and additional evidence: External events; for example, errors relating to pharmacies and hospital discharges, were recorded separately – there were 23 of these. The practice had also recently added near misses to their reporting and analysing to try to prevent possible significant events. This had led to an increase in staff awareness, focus on safety and reporting.	

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

Event	Specific action taken
Wrong patient information scanned into a patient's notes	Additional scanning training was arranged and learning shared with the team
Member of staff unable to get an outside telephone line to call an ambulance	The issue with the phone line was raised with the telephone provider and now there is a system in place for the transfer of emergencies to the surgery mobile.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y

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
Explanation of any answers and additional evidence: We saw that there was a standing agenda item at monthly clinical meetings of updates in evidence-based practice.	

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>	1.21	0.83	0.81	No statistical variation

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- Weekly care home visits were performed by either a GP or an Advanced Nurse Practitioner
- Receptionists trained as care coordinators to signpost patients to voluntary sector

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 was supporting two more members of the nursing team to undergo specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- Monthly “Consultant in community clinics” were held for complex patients together with support from the Diabetes Specialist Nurse at the local hospital.
- We discussed the high exception reporting rates of some patients with long term conditions, in particular, those patients with diabetes. The practice was aware of this and told us that there were a high proportion of diabetic patients who had been cared for by the hospital and discharged back into their care only recently, as the care for these patients had not been delivered by the practice they had been excepted from the figures.
- The practice provided evidence of up to date QOF figures. These figures demonstrated that compared to last year the practice had seen 246 more patients for their annual BP checks which were within target range. This reflected the drop-in blood pressure clinics that had been implemented. Data showed that in January 2018 the exception reporting figure for these patients was 4.1% compared to this year which was currently 1.8%.

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)	85.4%	81.3%	78.8%	No statistical variation

Exception rate (number of exceptions).	21.4% (170)	15.1%	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>	68.2%	78.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	22.4% (178)	12.1%	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>	85.0%	82.6%	80.1%	No statistical variation
Exception rate (number of exceptions).	28.1% (223)	16.4%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	70.6%	75.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	6.8% (49)	9.7%	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>	90.8%	91.7%	89.7%	No statistical variation
Exception rate (number of exceptions).	13.3% (52)	12.1%	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)	82.3%	86.4%	82.6%	No statistical variation
Exception rate (number of exceptions).	6.3% (158)	4.1%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	89.3%	94.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	4.6% (13)	6.8%	6.7%	N/A

Any additional evidence or comments

On the 31st January 2018 the practice figures were 13.6% overall exception compared to January 2019 being at 5.8%. Actions put in place by the practice were that there is now a GP lead for QOF for the practice. All exceptions are to be discussed during the month of March 2019.

Families, children and young people

Population group rating: **Good**

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- The practice provided a weekly women's health clinic with a GP trained to fit sub dermal implants and intrauterine devices for non-contraception needs, (or coils).
- Two practice nurses had undergone further training in contraception and could provide sexual health advice.
- One of the GPs had advanced further training in paediatrics.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib) ((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	107	114	93.9%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	130	139	93.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	130	139	93.5%	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)	131	139	94.2%	Met 90% minimum (no variation)

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.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical	75.2%	74.8%	71.7%	No statistical

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)				variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	80.3%	73.5%	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)	60.1%	59.3%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	60.2%	70.0%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	53.6%	49.0%	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.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- We discussed the high exception reporting rates of patients with mental health problems. The practice told us that they were aware of the high rates of exception reporting and had identified issues with coding of 52 patients on the clinical system. Action taken included;

To review every patient record that that had been permanently exception reported and look at the reasons why the code had been entered, leading to removal of the permanently exempted code where appropriate.

Meeting with staff to advise them that no exception codes should be entered unless discussed with a GP and the reasons why.

The practice had prioritised the patients who had been coded incorrectly and invited them by telephone into clinics to be reviewed one of the GP partners who was monitoring the attendance by patients.

The practice had removed 51 incorrect codes from the clinical system following identification of the issue and 40 patients were booked for an appointment.

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)	91.7%	94.3%	89.5%	No statistical variation
Exception rate (number of exceptions).	65.7% (46)	27.5%	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)	96.9%	93.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	54.3% (38)	24.2%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	86.4%	85.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	25.4% (35)	7.9%	6.6%	N/A

Any additional evidence or comments

The practice had a QOF planning strategy to help address the issues surrounding some areas of high exception reporting in last year's figures. They assured themselves that patients who needed reviews would be seen.

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	556.6	554.4	537.5
Overall QOF exception reporting (all domains)	9.3%	6.5%	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

- It had been highlighted that the practice had a high referral rate to cardiology. An audit identified that out of 25 referrals, 16 were referred back to primary care with minimal or no intervention. Education was shared within the team and a re-audit identified a significant reduction in referrals from an average of 12 to seven each month.
- An audit of patients coded as having the condition of atrial fibrillation identified that there were mistakes with the coding of the patients. This was shared with the Clinical Commissioning Group for locality wide audit.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	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

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
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

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
Explanation of any answers and additional evidence: The practice offered drop in sessions for blood pressure measurement and could demonstrate the increase in monitoring patients.	

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	93.9%	95.8%	95.1%	No statistical variation
Exception rate (number of exceptions).	2.1% (79)	0.7%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	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

CQC comments cards	
Total comments cards received.	17
Number of CQC comments received which were positive about the service.	16
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Compliments file	We were shown evidence of 53 compliments sent in to the practice from February 2018 to January 2019. Comments included that staff were wonderful, kind and helpful and patient care was excellent.

National GP Survey results

Note: The questions in the 2018 GP Survey indicators have changed. Ipsos MORI have advised that the new survey data must not be directly compared to the past survey data, because the survey methodology changed in 2018.

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13969	278	138	49.6%	0.99%

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)	82.4%	90.3%	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)	81.5%	89.0%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	94.6%	96.3%	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)	78.1%	86.5%	83.8%	No statistical variation

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

Any additional evidence

We spoke with a visiting healthcare professional who was seeing patients at the practice on the day of the inspection. They told us that they felt very supported and valued by staff at the practice and that communication between them was excellent. They said that GPs were always happy to see extra patients if they felt they needed to be seen.

Recent Friends and Family results were that 75% of patients were extremely likely to recommend the service to others and 25% likely (based on eight patients). This compared very positively to the Friends and Family results from April 2018 to January 2019 which were that 30% of patients were extremely likely to recommend, 30% likely to recommend, 15% unlikely to recommend and 19% extremely unlikely to recommend (based on 27 patients). The practice had plans to do another patient survey soon to see if patients were satisfied with the care they received.

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
Explanation of any answers and additional evidence: Staff could signpost patients to organisations including MIND, substance misuse services, social services and food banks, domestic abuse support and Age UK.	

Source	Feedback
Patient questionnaires	We received feedback from seven patients which was all positive about the practice.

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)	94.9%	94.3%	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

Carers	Narrative
Percentage and number of carers identified.	273 carers which was just under 2% of the practice population
How the practice supported carers.	There was a carer's lead member of staff at the practice. Carers were signposted to Darlington Carer's support.
How the practice supported recently bereaved patients.	A GP would contact recently bereaved patients to offer support and signpost to bereavement services.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	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

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
<p>Explanation of any answers and additional evidence:</p> <p>Longer appointments were available for patients who needed them, for example older people and those with long term conditions.</p> <p>All salaried GPs had fifteen-minute appointment slots to allow patients to consult with them for more than one complaint if necessary.</p> <p>The practice had recently introduced an online consulting service. They had already highlighted that historically hard to reach patient groups had engaged with this service and hoped to develop it further.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am-6pm Evening Surgery: 6:00pm - 8:00pm
Tuesday	8am- 6pm
Wednesday	8am-6pm closed between 12pm-2pm
Thursday	8am-6pm
Friday	7.30am-6pm
Appointments available: variable	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13969	278	138	49.6%	0.99%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	92.3%	94.4%	94.8%	No statistical variation

Any additional evidence or comments

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.
- Home flu vaccinations for housebound by Practice Nurses
- Weekly care home visits by either a GP or an Advanced Nurse Practitioner
- Receptionists were trained as care coordinators to signpost patients to voluntary sector e.g. Age UK
- The practice had a 'snow plan', to make sure that older people were not called in for routine appointments in severe weather conditions.

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.
- Longer, flexible appointment times to suit working people and encourage engagement with services and monitoring i.e. Monday evening and occasional Saturday mornings at the surgery and access to regular Out of Hours appointments at Primary Healthcare Darlington (the federation based at Dr Piper House)

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.
- The practice offered flexible appointments e.g. evening appointments for smear tests.
- Patients could self-refer to contraceptive and sexual health services, musculo-skeletal services and counselling services. A counselling service was hosted in the practice. The practice also offered a non-contraceptive intra uterine device (IUD) service and contraceptive implant service.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 8pm on a Monday and from 7.30am on a Friday. Pre-bookable appointments were also available to all patients at an additional location within the area, as the practice was a member of a GP federation.
- The practice offered online consultations, telephone appointments, flexible appointment times and access to Out of Hours appointments at the federation clinic every evening and at weekends.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

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

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
Explanation of any answers and additional evidence: The practice had responded to the feedback from patients regarding access to appointments in a number of ways. Extended hours were now available via the federation on evenings and weekends.	

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)	54.6%	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)	54.6%	73.7%	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)	53.5%	70.8%	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)	65.9%	77.7%	74.4%	No statistical variation

Any additional evidence or comments

The practice leaders were aware of the problems with access and had implemented various measures which were not yet reflected in the patient survey results. Appointments were now available for their patients via the federation on evenings and weekends in the town centre. They told us that the appointment system was continuously monitored. The Practice Manager had liaised with other local practices to learn best practice and adaptations had been made and monitoring of this was continuous.

They had introduced an online consultation system in the past month for their patients which had identified contact from patients who would not historically contact their GP. The practice was analysing this information in order to reach out to this patient group. Feedback on the day of the inspection was predominantly positive regarding access to care.

Source	Feedback
For example, NHS Choices	Three out of five stars on NHS choices – the last negative review was August 2018. The latest review in December 2018 gave the practice five out of five stars.

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.	19
Number of complaints we examined.	19
Number of complaints we examined that were satisfactorily handled in a timely way.	19
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence: The practice also recorded compliments and were shown evidence of 53 compliments in the last 12 months.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Complaint received as wrong information given to a patient regarding vaccination costs and methods of payment.	A new member of staff gave wrong information to a patient. Education was given to the staff member regarding fees for certain vaccinations including for travelling. Information was added to the handbook, displayed in the clinical rooms. Staff booking in vaccines that cost money are now required to advise patients on payment methods.

Well-led

Rating: Outstanding

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
Explanation of any answers and additional evidence: The practice had experienced recent changes in the leadership team, including the retirement of two senior partners and the recruitment of a practice manager 18 months ago. The practice was on a trajectory of improvement which was evident from feedback obtained from staff, patients and allied health professionals.	

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
Explanation of any answers and additional evidence: We saw evidence of a dynamic motivated leadership team who were eager to improve all facets of patient care. We were given examples of effective teamwork and the positive impact this had on patient outcomes, for example following a strategy meeting where all staff groups were represented, the practice could demonstrate an improvement in the number of patients who had been reviewed. Staff told us that the strategy meeting involved a review of the recall system and development of the team. All staff were encouraged to be part of improvement.	

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
<p>Explanation of any answers and additional evidence:</p> <p>Staff we spoke with reported an open-door policy in the practice, they commented that they were listened to and leaders were all approachable. They had recently introduced monthly communication meetings which were a forum for all staff to be able to contribute ideas for improvement in the practice. For example, one member of the secretarial staff delivered training in Choose and Book to clinicians to speed up the process for patients. We saw evidence of a cohesive supportive team with no hierarchy. Staff we spoke with told us that they enjoyed going to work.</p> <p>The leaders in the practice cultivated a culture of improvement, for example they were aware that men of the age range 17 – 45 did not attend appointments and had identified that the implementation of the online consulting facility had allowed more men of this age to engage and consult with a GP. We saw evidence of a patient with a late presentation of mental health needs accessing the service through this facility ensuring that he was then seen urgently by a GP.</p>	

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

Source	Feedback
Staff interviews/questionnaires	Staff told us the practice was patient centred, forward thinking and proactive. Staff told us that they felt very valued and supported and really enjoyed working at the practice. Staff said that they all worked together as a team to offer quality care for patients.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li data-bbox="108 322 1541 573">• The leaders at the practice were developing and training all administrative staff to be multi-skilled in order to cover sickness, holiday and enable them to identify areas of need in the practice and change their tasks to reflect the need. Leaders we spoke with told us that they wanted staff to feel valued, autonomous and effective. In the past 18 months the practice had recruited staff into leadership roles for the administration team. Staff we spoke with at the inspection told us that they were given autonomy and felt trusted. <li data-bbox="108 645 1541 806">• To move away from the traditional methods of decision making been done by the partners and the practice manager the practice manager encouraged staff to visit other surgeries and providers to help initiate positive change within Moorlands Surgery. Staff we spoke with were very enthusiastic about their roles in the practice and keen to develop and learn. 	

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
<p>Explanation of any answers and additional evidence:</p> <p>A visiting professional on the day of the inspection told us that communication in the practice was excellent, that they were always invited to safeguarding meetings with an agenda sent prior to the meeting and minutes sent following the meeting.</p> <p>The team had communication meetings every three weeks. The agenda was set by the team and each team had one representative attend. This allowed communication to be channelled both up and down with quick reactive decision making for small changes.</p> <p>The officer manager, data lead and supervisors had been trained and supported to deliver staff appraisals. The aim of this was to allow a more structured line management system, develop staff in their management and leadership skills for future career progression and provide support for the practice manager.</p>	

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

Explanation of any answers and additional evidence:

- Following the results of the Quality Outcomes Framework (QOF) 2017/18 a strategy afternoon was carried out to discuss ways in which the practice could improve on the delivery and achievement of care in key areas in relation to QOF. Working groups with key team members were set up to ensure that the appointments reflected the need of the patient, each group was assigned a lead GP, lead nurse, health care assistant and two administrators.

This process had been underway for the full QOF year and in April 2019 it will be reviewed to make changes to continue improvement. As of 5th March, we were shown evidence that the practice had already achieved 85% of their QOF target for the year (462 out of 545 points available), including full points for hypertension and depression indicators, atrial fibrillation and cervical screening.

- The practice had identified issues with the coding of mental health patients on the computer system that had led to some patients being exception reported and not having an appointment for their review/care plan update. The practice had done considerable work on this issue and up to date figures showed that 40 of these patients were now booked in to have their annual care plan completed or for patients who refused to have an appointment one of the GPs was contacting them directly. Up to date exception reporting figures for these patients had come down to 20% so far this year from 66% in the last QOF year. The practice was still working on engaging with the remaining patients and the coding issue on the computer.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> All administrative staff were tasked to implement a change within 3 months with a positive impact on both the patient and the surgery. The aim of this initiative was to develop staff in confidence and leadership skills and for them to see the value of change. Staff we spoke with about this told us that they felt proud of the changes they had initiated and valued by the leaders in the practice. Examples of change ideas included; <ul style="list-style-type: none"> Patients who had a prescription issued four weekly to be changed to eight weekly to save time and resources for the surgery and the pharmacies, to ensure patient's medication was delivered on time and to prevent the patients/families/carers having to reorder the prescription every four weeks. Administration Supervisor's to lead on regular meetings with their team, giving the opportunity for staff to voice opinions and give the supervisors a chance to lead. It is also an opportunity to give clear and consistent messages to the team. A list had been created of all the awareness and charity dates for the year – for example; ovarian cancer month in March. The member of staff who came up with this change had created a board in the reception area which they updated with material to match the campaign at that time, this was also displayed in the staff room. The member of staff ordered materials in to give to patients/carers and circulated emails to staff promoting the campaign at that time. A food bank collection for staff and patients to contribute towards which had facilitated connections in the community and allowed the practice to support the voluntary sector. <p>Staff we spoke with about this told us that they felt proud of the changes they had initiated and valued by the leaders in the practice. The staff were to show case their ideas to the partners and their colleagues at the end of the month.</p>	

Feedback from Patient Participation Group.

Feedback
Three members of the Patient Participation Group (PPG) gave feedback. They all said that the practice was very well led and took time to listen and respect patient's views. Suggestions from the PPG had been implemented for example; name badges for reception staff and the reception area was changed for more privacy.

Any additional evidence

We were told that the practice was keen to expand the Patient Participation Group to be representative of all patient population groups and had successfully recruited two new patients to the group, one member who was under 18 years old and one member who had a learning disability. All staff members were also invited to the PPG meetings.

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
Explanation of any answers and additional evidence: The practice engaged with the Clinical Commissioning Group and were keen to work in partnership to help change the way care was delivered, for example they were the pilot site for the diabetes app management, which encouraged patient to self-care and maintain their type two diabetes using diet and exercise via smart technology.	

Examples of continuous learning and improvement

All staff were included in the development of the practice. They were encouraged to liaise with local services to share best practice. The practice manager had spent time with other practices in order to improve the appointment system. Reception staff had spent time behind the scenes at the local pharmacy to see how the prescription process worked in order to improve relationships between the surgery and the local pharmacies to enhance the experience for patients. Three members of the team had been to work with the pharmacies and the leadership team had invited the pharmacy team in to do a process mapping exercise to improve the service they provided, from the request for a repeat prescription being put in, right through to the patient receiving their medication.

The leaders at the practice were forward thinking and proactive, with patients at the centre of their decisions, future plans included recruitment of allied professionals such as paramedics due to the high numbers of home visits and setting up a men's clinic as they had identified a need in this area.

Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

Glossary of terms used in the data.

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