

# Care Quality Commission

## Inspection Evidence Table

### Hamdon Medical Centre (1-5134910650)

Inspection date: 31 January 2019

Date of data download: 21 January 2019

## Overall rating: add overall rating here

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

The practice had opted out of fully using the national Quality and Outcomes Framework (QOF) but were using some indicators to provide a baseline or register of patients identified as being at higher risk and need for support. The practice used an alternative quality improvement scheme implemented by Somerset Clinical Commissioning Group, the Somerset Practice Quality Scheme (SPQS) which currently did not provide comparative data.

## Safe

**Rating: Good**

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Yes
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Yes
There were policies covering adult and child safeguarding.	Yes
Policies took account of patients accessing any online services.	Yes
Policies and procedures were monitored, reviewed and updated.	Yes
Policies were accessible to all staff.	Yes
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Yes
There was active and appropriate engagement in local safeguarding processes.	Yes
There were systems to identify vulnerable patients on record.	Yes
There was a risk register of specific patients.	Yes

<b>Safeguarding</b>	<b>Y/N/Partial</b>
Disclosure and Barring Service (DBS) checks were undertaken where required.	Yes
Staff who acted as chaperones were trained for their role.	Yes
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
Explanation of any answers and additional evidence: The practice was working in line with the providers programme of obtaining information in regard previous recruitment processes and for the immunisation status of staff. The process was almost complete, with risk assessments being implemented where historical information could not be obtained. In a similar way a small number of staff who were having difficulty in obtaining confirmation of their immunisations status from childhood. Risk assessment processes were in place for these individuals with a protocol for removing staff from patient contact should an outbreak of infectious disease occur.	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 23/08/2018	Yes
There was a record of equipment calibration. Date of last calibration: 23/08/2018	Yes
There were risk assessments for any storage of hazardous substances for example, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 14/01/2019	Yes
There was a log of fire drills. Date of last drill: 6/12/2018	Yes
There was a record of fire alarm checks. Date of last check: 25/01/2019	Yes

There was a record of fire training for staff. Date of last training: 6/12/2018	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 31/10/2018	Yes
Actions from fire risk assessment were identified and completed.	Partial
Explanation of any answers and additional evidence: Fire risk assessment identified a small number of actions to be taken including changes to the emergency lighting in one part of the building. This has been requested and was planned to be installed after the inspection visit. Systems and risk assessments were in place in the interim period until the recommended changes were implemented.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 19/11/2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 19/11/2018	Yes
Explanation of any answers and additional evidence: A comprehensive risk assessment process had been implemented and a new policy statement developed. Health and Safety training for lead members of staff undertaking the risk assessment process had recently been completed. Risk assessments were in place for identified concerns such as carpets in some clinical spaces, the moving and handling risks for paper rolls (disposable covers for examination couches) and no emergency call bell system in the waiting room patient toilet. Actions that were in place included a cleaning and replacement programme for carpets, practical moving and handling training and additional signage, to alert patients to the lack of call bell facilities in the patient toilet.	

## Infection prevention and control

### Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit:	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: Last infection control audit was carried out 26/11/2018. A review of infection control protocols, information and training was carried out by the provider and new recording tools, processes and training	

implemented during the last few months. For example, a new risk assessment/standard operating procedure was implemented for the disposal of urine samples because the practice was unable to accommodate a sluice area to do this. Audit tools were in place for equipment, facilities and areas around the practice and regular liaison with the cleaning company was in place. Where issues were identified these were shared with the cleaning company and the practice worked with them to reduce or eliminate the issues.

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Yes
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes
There was a process in the practice for urgent clinical review of such patients.	Yes
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes

## Information to deliver safe care and treatment

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

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

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority – NHSBSA</small>	0.99	0.90	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	4.5%	4.8%	8.7%	Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes

<b>Medicines management</b>	<b>Y/N/Partial</b>
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Yes
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes

## **Track record on safety and lessons learned and improvements made**

### **The practice learned and made improvements when things went wrong.**

<b>Significant events</b>	<b>Y/N/Partial</b>
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes

Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	4
Number of events that required action:	All
Explanation of any answers and additional evidence: The practice had reviewed all significant events in detail even if the event was triggered externally. The practice checked its systems and processes and implemented changes for monitoring incidents and information was shared with all staff to improve care of patients.	

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

Event	Specific action taken
Delay in referral	For example, delayed identification of possible cancer, led to updated training for the GP and information and learning was shared across the practice with other clinicians including locums.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: The provider had developed a system across all the services to manage and monitor that safety alerts were received, shared and acted upon. There was a system to check or revisit information to ensure that any changes implemented were embedded and sustained.	

## 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.**

The practice had opted out of fully using the national Quality and Outcomes Framework (QOF) but were using some indicators to provide a baseline or register of patients identified as being at higher risk and need for support. The practice used an alternative quality improvement scheme implemented by Somerset Clinical Commissioning Group, the Somerset Practice Quality Scheme (SPQS) which currently did not provide comparative data.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	0.27	0.69	0.81	Variation (positive)

### Older people

### Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.</li> <li>The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.</li> <li>Health checks were offered to patients over 75 years of age.</li> </ul>

## People with long-term conditions

Population group rating: Requires improvement.

Findings	
<ul style="list-style-type: none"> <li>Patients with long-term conditions had a structured annual review to check their health and medicine 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.</li> <li>Personalised care plans and treatment escalation plans were in place for those patients assessed at higher risk or complex care needs, these were shared with the multi-disciplinary health and social care teams.</li> <li>Staff who were responsible for reviews of patients with long-term conditions had received specific training. The practice held clinics with a senior respiratory nurse specialist which meant patients did not need to attend secondary care for some appointments and their care was shared with the practice clinicians.</li> <li>GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.</li> <li>The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.</li> <li>Adults with newly diagnosed cardio-vascular disease were offered statins (medicines).</li> <li>Patients with suspected hypertension were offered ambulatory blood pressure monitoring.</li> <li>Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.</li> </ul>	

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>	69.0%	69.9%	78.8%	No statistical variation
Exception rate (number of exceptions).	5.7% (17)	7.3%	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>	66.4%	67.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.0% (18)	6.1%	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>	63.9%	75.3%	80.1%	Variation (negative)
Exception rate (number of exceptions).	9.7% (29)	10.7%	13.5%	N/A
<p>Additional information:</p> <p>The practice had reviewed its processes for recording and monitoring patients with long-term conditions such as diabetes. For January 2019:</p> <ul style="list-style-type: none"> <li>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 mm Hg or less, they had achieved 65% of the 78% target.</li> <li>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, they had achieved 72% of the target of 75%.</li> </ul>				

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>	31.8%	61.1%	76.0%	Significant Variation (negative)
Exception rate (number of exceptions).	0.5% (2)	6.9%	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>	69.9%	68.7%	89.7%	Significant Variation (negative)
Exception rate (number of exceptions).	1.1% (1)	7.1%	11.5%	N/A

**Additional information:**

The practice had reviewed its processes for recording and monitoring patients with long-term conditions such as asthma and COPD. For January 2019:

- 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, they had achieved 55% of the target of 70%.
- 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, they had achieved 77% of the target of 90%.

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)	70.3%	76.1%	82.6%	Variation (negative)
Exception rate (number of exceptions).	2.0% (19)	3.6%	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)	80.7%	86.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.4% (5)	3.8%	6.7%	N/A

**Additional information:**

The practice had reviewed its processes for recording and monitoring patients with long-term conditions such as hypertension and COPD. For January 2019:

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less, they had achieved the target of 80%.
- 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, they had achieved the target of 70%.

**Any additional evidence or comments**

The figures are an improvement on the previous QOF figures. We were given information of the planned programme of meeting targets for the end of 2018/2019. This included continued monitoring of patient coding and their reviews, personal contact such as telephone, emails and letters to patients to encourage participating in reviews of care.

In addition, the practice continued with the Clinical Commissioning Group (CCG) focus on particular patient population groups and improving the outcomes of their care and treatment. For example, Osteoporosis for patients above the age of 75 years they had exceeded the target of 60%, at 62%.

**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.

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)	50	51	98.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	40	40	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	40	40	100.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	40	40	100.0%	Met 95% WHO based target (significant variation positive)

## 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. 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 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)	75.1%	73.9%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	64.8%	73.9%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	62.1%	61.1%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	11.1%	45.2%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	37.0%	54.9%	51.9%	No statistical variation

### Any additional evidence or comments

#### Additional information:

The practice had reviewed its processes including appropriate recording for supporting patients with cancer. For January 2019:

- 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, they had achieved the target of 90%.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

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

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

**Population group rating: Good**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	5.0%	39.0%	89.5%	Significant Variation (negative)
Exception rate (number of exceptions).	4.8% (1)	6.6%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	14.3%	47.3%	90.0%	Significant Variation (negative)

Exception rate (number of exceptions).	0 (0)	6.0%	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)	61.3%	51.9%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.1% (2)	6.9%	6.6%	N/A

### Any additional evidence or comments

#### Additional information:

The practice had reviewed its processes including appropriate recording for supporting patients with mental health needs. For January 2019:

- 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, they had exceeded the target of 90%, at 91%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months, they had achieved 68% of the 90% target.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose blood pressure has been recorded in the preceding 12 months, they had achieved 77% of the 90% target.

The practice informed us of their plan to achieve meeting the targets for recording alcohol consumption and checks on patients' blood pressure in this group. Clinicians were reminded to check when seeing all patients in this group and the health coaches were contacting patients to encourage others to attend the practice.

- The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months. they had exceeded the target of 70%, at 71%.

### 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) 2017/2018.	375.3	422.0	537.5
Overall QOF exception reporting (all domains) 2017/2017.	2.4%	3.9%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had a comprehensive programme of quality improvement and used	Yes

information about care and treatment to make improvements.	
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Examples of improvements demonstrated because of clinical audits or other improvement activity in past two years

<p>The practice had a programme of audit and improvement activities. They had several cyclical audits in place. For example:</p> <ul style="list-style-type: none"> <li>• COIL fitting (annual) 2013 – 2018/19 – to monitor that patients were followed up and monitored after fitting.</li> <li>• Oral contraception and no recorded BMI 2015, repeated over four cycles – identified that improved monitoring to ensure BMI is recorded in patients records to ensure regular reviews are carried out at the appropriate time.</li> <li>• Over use of salbutamol 2017 – 2019 - 2 cycles – has reduced the over use by 50%.</li> <li>• Cervical smear testing - safe testing in place.</li> <li>• A series of audits to monitor and assess patient safety regarding a range of high risk medicines prescribed. This was a detailed review of medicines such as blood thinners, anti-rheumatic medicines, and those used for pain relief. The review also looked at the repeat prescribing system and highlighted some significant concerns in the gaps in the processes such as those that occur in situations such as recent discharge from hospital. The study resulted in changes in the programme of medicines reviews for some patients, the ability to cancel medicines issued electronically and early requests made by patients. The provider, had incorporated this learning within the recent changes to provide a medicines management service that supports three of its GP practices. This meant that effective monitoring was being implemented with comprehensive oversight of any issues arising. Planning and implementation for medicines reviews had increased from 30% to 58% completed with the addition of these systems and the employment of the pharmacist one day per week.</li> </ul> <p>And several singular audits to check or test an area of treatment or support.</p> <ul style="list-style-type: none"> <li>• Type 1 diabetes issued with ketone testing measures.</li> <li>• Programme of reviews of patients – diabetes control.</li> </ul>
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## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes

Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes

### Coordinating care and treatment

#### Staff worked together and with other organisations to deliver effective care and treatment.

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>We saw examples of effective working within the local multi-disciplinary teams in the regular weekly 'huddles'. Information was shared and discussed in a person-centred way. Health coaches employed by the surgery were an intrinsic part of this process by maintaining links, some health monitoring and signposting patients to other sources of help and assistance.</p>	

### Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Yes

Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: We were told the impact of the health coach's involvement with pre-diabetes support was effective. Patients at potential risk were supported to participate in various groups or activities to improve their wellbeing such as exercise, activities, and diet.	

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>	82.1%	89.5%	95.1%	Significant Variation (negative)
Exception rate (number of exceptions).	0.5% (8)	1.1%	0.8%	N/A
Additional information: The practice staff were aware of the issues with the lower than anticipated figures for recording the smoking status of patients. These were attributed to appropriate coding and they were working on better recording of these details as they progressed with patient reviews.				

## Consent to care and treatment

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

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

# Caring

## Rating: Good

### Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	13
Number of CQC comments received which were positive about the service.	13
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC comment cards.	Staff are kind, sensitive and helpful.
Practice own survey December 2018 – January 2019. (134 respondents)	<ul style="list-style-type: none"><li>• 80% rated excellent that staff put them at ease.</li><li>• 85% rated excellent that staff were polite and considerate.</li></ul>

## 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
5587	230	126	54.8%	2.26%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)	93.0%	91.6%	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)	89.9%	90.3%	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)	99.5%	97.3%	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)	96.6%	86.0%	83.8%	Variation (positive)

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

#### Any additional evidence

The practices own survey highlighted:

- How quick were they seen by the doctor of their choice 43% said within two to four days.
- Most respondents, 63%, said they waited 5-10 minutes for their consultation to start.

#### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Health coaches (staff employed by the practice) undertook the lead in providing support and information to carers, signposting them to other resources of information, help and services when required. Health coaches ran public health educational events around topics such as diabetes, health heart and living well to improve knowledge and provide information for self-care.</p>	

Source	Feedback
CQC comment cards.	Patients felt listened to and their opinions sought and acted upon.

#### National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	95.9%	95.9%	93.5%	No statistical variation

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Yes
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Yes
Information leaflets were available in other languages and in easy read format.	Yes
Information about support groups was available on the practice website.	Yes

Carers	Narrative
Percentage and number of carers identified.	127(2%) of patients had been identified as a carer.
How the practice supported carers.	The practice health coaches took the lead in sharing information and offering help and support to carers. Consideration was given to appointments that were suitable, and carers were included in the influenza vaccination programme.
How the practice supported recently bereaved patients.	All staff were informed of bereavement with the duty doctor contacting the patients next of kin within 24-48 hours of the death. Health coaches kept bereaved next of kin details on their contact list and would contact them to offer support on a regular basis for as long as required.

## Privacy and dignity

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

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

## Responsive

Rating: Good

### Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:30 – 18:30
Tuesday	08:30 – 18:30
Wednesday	08:30 – 18:30
Thursday	08:30 – 17:30
Friday	08:30 – 18:30
Appointments available:	
Monday	08:30 – 18:30
Tuesday	08:30 – 18:30
Wednesday	08:30 – 18:30
Thursday	08:30 – 17:00
Friday	08:30 – 18:30
The practice offers GP, Nurse and Technician appointments on a Tuesday evening from 6.30pm.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5587	230	126	54.8%	2.26%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	98.9%	95.9%	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.
- Health coaches support patients to address loneliness problems by signposting them to local groups and as a means of encouragement accompany patients to these groups as a way of introduction.

## 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 complex care teams to discuss and manage the needs of patients with complex medical issues.
- Home visits were undertaken for long-term conditions for housebound patients.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

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

**Population group rating: Good**

### **Findings**

- 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.
- Regular baby clinics held at the practice.
- Try to ensure that families are registered with the same GP to ensure continuity of care for the whole family.

## **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.
- Extended hours on Tuesday evenings for GP, ANP, Practice Nurse, Health Care Technicians and Health Coaches.
- Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available Saturday and Sunday through the Urgent Care Service.

## **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. Health coaches work with the patients and their supporters to encourage patients to attend and participate in their medical care.
- The practice was able to share how the health coaches were able to provide support as part of a team approach for caring for patients. It was identified that a learning disability patient and their family were at a crisis point with deteriorating health of some of the family. The health coach became a first point of contact for the family. In addition, they supported the patient to stop smoking and helped with obtaining other support for the household such as bus passes and transport for ongoing health and hospital appointments.

**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.
- Health coaches have undertaken mental health first aid training and staff had undertaken dementia friend training.
- In house counsellor who is funded by the practice charity, The Triangle Trust, to who patients were referred to when required and provided ongoing support in conjunction with the other practice staff.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.

**Timely access to the service**

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	93.5%	N/A	70.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	87.7%	71.0%	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)	86.0%	67.1%	65.9%	Variation (positive)
The percentage of respondents to the GP	92.8%	78.3%	74.4%	Variation (positive)

Indicator	Practice	CCG average	England average	England comparison
patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)				

### Listening and learning from concerns and complaints

**Complaints were listened and responded to and used to improve the quality of care/ Complaints were not used to improve the quality of care.**

Complaints	
Number of complaints received in the last year.	3
Number of complaints we examined.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient was called for a cervical smear test when they should have been removed from the recall list as it was no longer required.	Changes were made to the recall list. Where patients had undergone a hysterectomy, they were removed from the list as to not cause any distress or concern for the patient.

## Well-led

Rating: Good

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: The provider had instigated a supportive leadership and governance system. Feedback from the leadership team at the practice indicated that this worked well for the benefit of staff and patients alike.	

### Vision and strategy

**The practice had a clear vision and credible strategy to provide high quality sustainable care.**

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: Symphony had instigated staff and patient engagement meetings during the initial transfer to the new organisation to ensure that information was shared and opinion sought.	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice team had an understanding of the vision of what the provider and the practice leadership team was aiming to achieve and were involved in the changes being made to deliver high quality, sustainable care.</li> <li>The strategy was in line with health and social care priorities across the region. The practice aimed its services to meet the needs of the practice population.</li> </ul>	

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

Source	Feedback
CQC staff survey.	<ul style="list-style-type: none"> <li>Strong sense of being part of a team.</li> <li>Enjoy working at the practice.</li> <li>Friendly and support team.</li> <li>Listened to and act upon concerns and ideas of development for the service.</li> <li>Staff felt proud to work at the practice.</li> </ul>
Practice staff survey	<ul style="list-style-type: none"> <li>Positive feedback from staff - 100% enjoy going to work there.</li> </ul>

## Governance arrangements

### There were clear responsibilities, roles and systems of accountability to support good governance and management.

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes
Staff were clear about their roles and responsibilities.	Yes
There were appropriate governance arrangements with third parties.	Yes
Explanation of any answers and additional evidence:	

Governance structures from the new provider had begun to be embedded and there were clear responsibilities, roles and systems of accountability to support good governance and management both at practice and provider level. The provider had implemented a regular programme of assessment of the quality of the services provided such as oversight, audit and support which was beginning to show that this was effective and had driven change. There was evidence that learning across the provider organisation had been shared with developments in support for clinical supervision, training and meeting patient's needs.

## Managing risks, issues and performance

**There were clear and effective processes for managing risks, issues and performance.**

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: The provider had instigated a regular programme of quality assurance including risk management and putting actions in place to reduce risks. Major incident plans had been reviewed and updated including responding to staffing issues and providing remote clinical advice when required.	

## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes

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

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes

Feedback from Patient Participation Group.

Feedback
The Patient Participation Group had recently been reformed with additional volunteers joining. At the time of the inspection this new group had been functioning for around six weeks and were still in the process of establishing key roles and introducing new processes to keep patients informed and involved in the practice development. We saw from minutes of meetings that the PPG were currently supported by members of the practice team and includes sharing practice news and information about the organisation. Since forming the PPG have been included in reviewing patient feedback from the practices own survey, the instigation of a newsletter to share information with patients and to prompt or seek patient feedback.

### Any additional evidence

The practice had the benefit of assistance to improve the outcomes for patients at the practice. The Triangle Trust had been in existence for over 25 years and had raised money which has assisted them to buy medical equipment and pay for its maintenance and to provide an in-house counsellor.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: The provider organisation had an aim to provide a service that met the changing needs of patients, a shared approach to providing support and promote patients to manage their own health care and wellbeing. These aims had been shared with staff and patients. Systems of audit, monitoring and development were in place and there was a sharing process across all the locations of Symphony, new developments and improvements implemented regularly. Recently this has included the medicines hub, document handling and clinical supervision processes.	

### Notes: CQC GP Insight

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

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

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

The following language is used for showing variation:

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

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

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

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

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

### Glossary of terms used in the data.

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