

Care Quality Commission

Inspection Evidence Table

Speke Neighbourhood Health Centre (1-3504391375)

Inspection date: 30 January 2019

Date of data download: 23 January 2019

Overall rating: add overall rating here

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.	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
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.	Partial

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <p>At our previous inspection on the 12 December 2017 we identified a breach for regulation 12, safe care and treatment because we found that a clinician was providing care and treatment without the appropriate qualifications, competence, skills and experience to do so safely.</p> <p>At this inspection we found:</p> <ul style="list-style-type: none"> A review of the skills required for all staff roles had taken place. The examinations which were a concern at the last inspection had been ceased and further training was completed by the clinician. Quarterly meetings took place with local health visiting service. However, the safeguarding lead for the practice did not attend the meetings for the discussion of safeguarding matters and vulnerable children. Children on at-risk registers who did not attend for appointments were not routinely followed up by the practice. Staff who acted as chaperones were trained for their role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Risk assessments were in place for individual staff members. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Arrangements were in place for planning and monitoring the number and mix of staff needed to meet patients' needs, including planning for holidays, sickness, busy periods and epidemics. The practice had recruitment and induction checks should be carried out for bank, agency and locum staff. Two staff files were observed and were satisfactory. 	

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: August 2017	Yes
There was a record of equipment calibration. Date of last calibration: August 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: Oct 2018	Yes
There was a log of fire drills. Date of last drill: December 2018	Yes
There was a record of fire alarm checks. Date of last check: Completed weekly and up to date.	Yes
There was a record of fire training for staff. Date of last training: December 2018	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: June 2018	Yes
Actions from fire risk assessment were identified and completed.	No
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> A fire risk assessment had been completed and a number of risks were identified. We were told that actions required were followed up by an external company as part of the lease agreement for the building. There was no evidence presented to provide assurance that actions had been completed. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 09/01/2019	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 09/01/2019	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • A sample of premises safety information was observed, including appropriate risk assessment information. • The practice benefited from being within a modern, purpose built neighbourhood centre. The practice was located on the lower floor with two other GP practices. The building was host to a wide variety of other community services including phlebotomy services. • Effective monitoring arrangements were in place to ensure that facilities and equipment were safe and in good working order. However, on the day of inspection an action plan had not been developed for the risks identified in the fire risk assessment carried out in June 2018. 	

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: Oct 2018	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Systems were in place to monitor the standards of cleanliness and hygiene maintained across the practice. A practice leader was trained for this. • An annual and regular internal infection control risk assessment was carried out. Results showed almost 100% compliance with infection control standards and action plans were in place where this figure had dropped. • Arrangements for managing waste and clinical specimens were in place. For example, the classification, segregation, storage, labelling, handling and, where appropriate, treatment and disposal of waste. Procedures were in place for the management of specimens and the safe transfers of these to hospital. 	

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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Some staff had undertaken training in awareness of sepsis and there was written guidance for staff to refer to. Plans were in place for others to attend further sessions soon after the inspection. 	

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.	Partial
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	No
There was a documented approach to the management of test results and this was managed in a timely manner.	Partial
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was no formal system in place to monitor delays in referrals and to monitor patients who did not attend for appointments tests. • Procedures were in place to ensure individual care records, including clinical data, was written and stored in a way that keeps people safe. For example, all patient records were stored safely in locked cupboards. • The practice did not have a formal documented approach to the management of test results. We were told that all discharge letters and test results were reviewed by administration staff and it was their responsibility to add new disease codes to the patient records and make the decision if a GP needed to review the results. 	

Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>NHS Business Service Authority - NHSBSA</small>	1.43	0.97	0.94	Variation (negative)
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>	6.2%	8.4%	8.7%	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	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.	Partial
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks	NA

Medicines management	Y/N/Partial
and disposal of these medicines, which were in line with national guidance.	
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • New systems had been put into place about the management of hand written prescriptions. Blank prescriptions were kept securely and their use monitored in line with national guidance. • At the inspection we identified that during the previous week the practice had experienced a cold chain incident relating to the storage of vaccinations. The 'cold chain' is a term used to describe the cold temperature conditions in which certain products need to be kept during storage and distribution. Maintaining the cold chain ensures that vaccines are transported and stored according to the manufacturer's recommended temperature range of +2°C to +8°C until the point of administration. Appropriate actions were taken at the time with contact being made with the manufacturer, the local CCG and the screening and immunisation team. A significant event analysis and risk assessment had also been undertaken by the provider. • Monitoring arrangements with support from the local Clinical Commissioning Group (CCG) were in place to monitor prescribing patterns (such as anti-biotic prescribing). Patients' health was monitored in relation to the use of medicines and followed up on appropriately. Patients were involved in regular reviews of their medicines by either the practice nurse or the GP. • There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines. However, we reviewed the patient records for one patient on the high-risk medicine methotrexate and found that appropriate blood monitoring and clinical review had not taken place prior to prescribing. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes
Number of events recorded in last 12 months:	10
Number of events that required action:	10
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> All staff we spoke with knew how to identify and report concerns, safety incidents and near misses. Weekly and monthly clinical and non-clinical meetings took place to review and investigate patient safety incidents. Minutes of meetings were viewed demonstrating how the practice learnt from such events and took actions to prevent reoccurrence. 	

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

Event	Specific action taken
Unexpected death of patient	The practice undertakes an SEA for all expected and unexpected death of patients at and outside of the practice. This is reviewed in clinical meetings and staff look to see if care and treatment could have had an impact on the death or patient experience.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Patient safety incidents and reports were cascaded to staff via email centrally. Data was captured to show the practice had received and reviewed each notification and a record was made of any actions taken. 	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Patient records and care plans were viewed (4) showing that their physical, mental health and social needs were holistically assessed. • Interviews with clinicians confirmed that patient care, treatment and support was delivered in line with legislation, standards and evidence-based guidance, including NICE and other expert professional bodies, to achieve effective outcomes. • Staff we spoke with demonstrated a good understanding and regard for the rights of people subject to the Mental Health Act 1983 (MHA) protected and do staff have regard to the MHA Code of 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>	2.16	1.13	0.81	Variation (negative)

Older people

Population group rating: add rating here

Findings
<ul style="list-style-type: none"> • Older patients who were frail or may be vulnerable received a full assessment of their physical,

mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.

- The practice followed up on older patients discharged from hospital. Care plans we looked at showed prescriptions were updated to reflect any extra or changed needs.
- The practice offered a health check to patients aged over 75 where indicated. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.

People with long-term conditions

Population group rating: Good

Findings

- Records showed that 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. For example, diabetic patients.
- Staff we spoke with who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice had arrangements for adults with newly diagnosed cardiovascular disease including the offer of high-intensity statins (recommended medicines) for secondary prevention, people with suspected hypertension (high blood pressure) were offered ambulatory blood pressure monitoring and patients with atrial fibrillation (a heart condition) were assessed for stroke risk and treated as appropriate.
- Clinicians demonstrated how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.

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)	71.1%	80.0%	78.8%	No statistical variation
Exception rate (number of exceptions).	2.3% (4)	13.2%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	72.4%	80.4%	77.7%	No statistical variation
Exception rate (number of exceptions).	4.0% (7)	9.7%	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>	80.7%	84.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	6.2% (11)	12.0%	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>	76.1%	75.1%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.8% (3)	8.2%	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>	93.4%	90.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	0 (0)	8.2%	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) <small>(QOF)</small>	85.0%	83.9%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.9% (13)	4.7%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	89.7%	89.3%	90.0%	No statistical variation

Exception rate (number of exceptions).	0 (0)	5.8%	6.7%	N/A
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Any additional evidence or comments

Families, children and young people

Population group rating: Good

Findings

- The practice had systems and processes in place to ensure information about risks and vulnerable families was shared weekly.
- Regular meetings took place with the health visitor to ensure on-going communications about safeguarding concerns for children and families. However, the safeguarding lead for the practice did not attend these meetings.
- Childhood immunisation uptake rates were in line with World Health Organisation (WHO) targets.
- The practice did not have formal arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation were in place.
- 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 joined up our appointments for baby checks, immunisations and post-natal consultations and they had appointed a care navigator to coordinate this activity.
- Contraceptive advice, support and treatments were provided. Patients needing sexual health services were sign posted to appropriate services.

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)	25	27	92.6%	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)	42	44	95.5%	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)	42	44	95.5%	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)	42	44	95.5%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

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Working age people (including those recently retired and students)

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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	England	England
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		average	average	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)	64.7%	67.3%	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)	59.3%	63.2%	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)	45.0%	50.2%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	100.0%	74.7%	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)	44.4%	44.2%	51.9%	No statistical variation

Any additional evidence or comments

- The practice's uptake for cervical screening was 64.7% which was below the CCG and national average and below the 80% coverage target for the national screening programme. To increase coverage of cervical screening the practice offered morning and evening appointments, opportunistic screening, alerts were placed on patient records and the importance of this screening was publicised at the practice.
- The practice's uptake for breast and bowel cancer screening was in-line with local and national averages

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- Monthly practice meetings took place to ensure end of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- A register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability was viewed.
- A system for vaccinating patients with an underlying medical condition according to the recommended schedule was in place. Records showed the practice was up to date with this.
- The practice carried out regular health checks for patients with a learning disability, they trained practice staff on how to care for such patients and they worked closely with local agencies to support them.

- Alerts were placed on the records of patients who needed additional support, for example, if they were unable to read, needed assistance in decision making or needed an interpreter service.

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

Population group rating: Good

Findings

- The practice maintained a register of patients who experienced poor mental health. The register supported clinical staff to offer patients experiencing poor mental health, including dementia, an annual health check and a medication review.
- The practice worked closely with the local mental health teams.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- The practices performance on quality indicators for mental health were in line with and above local and national averages.

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)	88.2%	90.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.8%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	88.2%	90.0%	90.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	4.9%	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)	93.8%	84.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	4.9%	6.6%	N/A

Any additional evidence or comments

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)	533.5	542.2	537.5
Overall QOF exception reporting (all domains)	4.6%	6.2%	5.8%

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

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

Several audits had been undertaken including breast examination, read coding, dementia audit, and diabetes audit. Where relevant this activity had resulted in changes to clinical management and medicines for individuals, in line with guidance. However, there was no evidence that two cycle clinical audits had been completed by the practice.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	NA
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Further to the last inspection, the provider had acted to develop the skills and knowledge of the practice nurse while supporting her continual professional development. • Training records and staff we spoke with demonstrated that staff treating patients had the skills and knowledge to assess patient needs. • The learning needs of staff were assessed on an on-going basis as part of their annual performance review process. All staff confirmed that this was a positive experience and they had allocated time to complete this. Records showed the practice had completed all the required staff annual appraisals. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes
Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Regular meetings took place with the district nursing teams. The practice had access to a community care team and the most vulnerable adult patients were referred into this for assessment. The Gold Standard Support Framework was in place and supportive care registers (SCR) were to monitor patients at regular meetings. 	

Helping patients to live healthier lives

Staff were not 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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions:	97.0%	95.3%	95.1%	No statistical variation

CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	0.2% (1)	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.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence:	

Caring

Rating: Good

Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">We gained the views of 36 CQC patient comment cards. All comments made to us indicated that patients considered staff to be kind, caring and sensitive to individual patient needs. Two negative comments made related to GPs not listening to patients.	

CQC comments cards	
Total comments cards received.	36
Number of CQC comments received which were positive about the service.	34
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comments cards	A number of comment cards described the service as excellent and said that patients were treated with dignity and respect. All staff were reported as kind and caring.

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
2545	408	82	20.1%	3.22%

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)	83.8%	90.4%	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)	82.0%	88.7%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	100.0%	95.7%	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)	90.2%	86.0%	83.8%	No statistical variation

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

Any additional evidence
The practice carried out its own satisfaction surveys and surveys through the patient participation group (PPG). They reviewed these results and comments along with the national GP patient survey to identify further areas where they could improve and to check on improvements in progress.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Yes
Staff helped patients and their carers find further information and access community and advocacy services.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Feedback described how the service was very professional and staff were informative and helpful. Comments indicated that care is delivered through joint agreement and mutual respect with good explanations given. The practice GP patient survey results were in line with local and national averages for questions relating to patients feeling involved in decision making. 	

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)	97.0%	93.0%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	67 patients which is 2% of the total population.
How the practice supported carers.	Carers were known by staff, flexible appointments were available if required, carers support information on display in the waiting area. All carers were signposted to supportive agencies.
How the practice supported recently bereaved patients.	We were told that contact would be made and with recently bereaved families to offer support.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Practice computers were shielded from the patients/public view. A sign post at reception asked people to stand away from the desk until called forward. Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room or area to discuss their needs. Patients told us their privacy and dignity was respected by staff. 	

Responsive

Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
2545	408	82	20.1%	3.22%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	94.5%	95.0%	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.
- The GP and practice nurse accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- Referrals were made to support services to assist older patients such as Age UK.

People with long-term conditions

Population group rating: Good

Findings

- Patients with a long-term condition (LTC) received an annual review to check their health and medicines needs were being appropriately met.
- Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- Protected time was available for home visits to housebound LTC 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

- 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.
- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 10 could attend a drop-in clinic held at the same time as the twice weekly baby clinic.
- Meetings were held with the health visiting service to discuss families with safeguarding concerns. Children subject to protection plans were highlighted in clinical records.

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.
- Clinicians were on site from 8am-6.30pm each day. All appointments were 10 minutes appointments -bookable in advance and same day access.
- The practice promoted electronic prescription management. Prescriptions could be ordered on-line and sent to a pharmacy of choice.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode.
- A register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability was in place.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability with longer appointment times.
- Patients were referred to appropriate services such as drug and alcohol support, domestic abuse services, counselling services and to services for support with finances and employment issues. The practice also participated in the food bank scheme.

**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.
- Patients considered most at risk were discussed at weekly practice meetings and staff were alerted to this.

Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Yes
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The practice had 10-minute GP appointments. • Access levels were maintained by creating telephone consultation clinics which also helped to broaden access options. • With their consent, patients received text reminders for appointments and obtained results and bespoke messages via text. • Patients reported that the appointment system was easy to use. • The GP patient survey results were in line with local and national averages for questions relating to access to care and treatment. 	

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)	97.5%	N/A	70.3%	Significant Variation (positive)
The percentage of respondents to the GP	96.4%	72.9%	68.6%	Variation

Indicator	Practice	CCG average	England average	England comparison
patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)				(positive)
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)	87.6%	69.8%	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)	97.7%	77.4%	74.4%	Variation (positive)

Source	Feedback
Comment cards	We received 36 comment cards. All were positive about the service, however two said that it was sometimes hard to get an appointment that was convenient for them.

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.	2
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Following the last inspection, the practice had introduced a new patient complaints leaflet. Patients were not directed in the practice response letters, for what actions they could take if they remained dissatisfied with the outcome of the practice investigation. 	

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.	Partial
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none">Leaders had the capacity and skills to deliver high-quality, sustainable care. The practice had regular and long-standing GPs who were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them and talked with us about how the practice was responding to this.Staff we spoke with told us that leaders were visible and approachable, however, the relationship between partners at times caused some anxiety for staff members.	

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:	
<ul style="list-style-type: none">The practice did not have a formal written vision and set of values but their priorities were always to put patients at the centre of their services. All staff we spoke to agreed with this.The aims of the practice and the goals set were in line with health and social priorities across the region and had been developed with support from the local Clinical Commissioning Group (CCG).	

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"> Human resource policies and procedures were in place to support the management team and staff. Staff told us there was openness, honesty and transparency when responding to incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. Staff we spoke with told us they could raise concerns and were encouraged to do so. They had confidence these would be addressed. 	

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

Source	Feedback
Staff Interviews	<ul style="list-style-type: none"> Most staff stated they felt respected, supported and valued. They told us they were able to raise concerns. They had confidence that these would be addressed. Some staff said that communications between the GP partners and the team needed to improve. They said that meetings were taking place but there still needed work to be done to promote effective communication between the GP partners. Staff told us they were well supported with training.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> At our last inspection we identified breaches for Regulation 17 stating that systems or processes must be established and operated effectively to ensure compliance with the requirements of the fundamental standards as set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 17(1). Following the inspection appropriate actions had been taken by the provider and we found that structures, processes and systems to support good governance and management had improved. Regular meetings took place with other bodies and local professionals to ensure patients' needs were met promptly. For example, a monthly meeting was held with the district nurse and health visiting teams to review patients at risk. Regular consultation audits were carried out for clinicians and appropriate monitoring systems were in place. Practice specific policies were implemented and were available to all staff. These were available in hard copy and on a new practice intranet. The practice was aware of their current performance and this was monitored at staff meetings on a regular basis. 	

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
<p>Explanation of any answers and additional evidence:</p> <p>Processes to manage current and future performance were in place. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.</p> <p>There was a process to identify, understand, monitor and address current and future risks including risks to patient safety. Staff were encouraged to complete significant event analyses (SEAs) and these were discussed at monthly staff meetings. Clinical audits were completed however, these were not two cycle audits.</p>	

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Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients via the Friends and Family Test and the patient survey.• The practice used performance information and minutes showed that this was discussed regularly at clinical and all staff meetings. The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.• The practice submitted data or notifications to external organisations as required.	

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes
Explanation of any answers and additional evidence: <p>The practice sought patient feedback by utilising the NHS Friends and Family test (FFT). The FFT is an opportunity for patients to provide feedback on the services that provide their care and treatment. It was available in GP practices from 1 December 2014. The practice reviewed the comments to identify areas for improvement.</p> <p>The practice reviewed results from the national GP patient survey and from internal surveys conducted.</p>	

Feedback from Patient Participation Group.

Feedback

The PPG did not provide feedback for this inspection.

Continuous improvement and innovation

There were 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:	

Examples of continuous learning and improvement

Actions had been taken by the provider for the requirements and recommendations made at the last inspection. Evidence was provided to show that learning and improvements were strengthened by learning from significant event analysis and the steps that had been taken to improve training opportunities for all clinical staff.

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.