

Care Quality Commission

Inspection Evidence Table

Headstone Road Surgery (1-548209116)

Inspection date: 12 February 2019

Date of data download: 12 February 2019

Overall rating: Requires Improvement

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

Safe Rating: Requires Improvement

Safety systems and processes

The practice did not have clear systems, practices and processes to keep people safe and safeguarded from abuse.

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Partial
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	N
Policies and procedures were monitored, reviewed and updated.	Partial
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Partial
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, community midwives and social workers to support	Y

Safeguarding	Y/N/Partial
and protect adults and children at risk of significant harm.	
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • Not all clinical attended any formal meetings where safeguarding was discussed. We saw that there were records of meeting minutes; however, they were mostly recorded in a book in pencil which made it difficult to establish what was discussed. • There was a safeguarding flowchart displayed in the practice, which was an extension of the safeguarding policies in place. The practice needed to ensure that this was clearly documented in the policies. • One healthcare assistant had only received safeguarding level one training. 	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	N
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • There were gaps in recruitment systems. We looked at recruitment records for four new staff, including one regular locum nurse. There was no full employment history or proof of identity for two new staff and there were no references, or recorded induction records for three new staff. • There was a formal system of checking staff immunity status; however, there were gaps in staff immunisation records. 	

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: 5 February 2019	Y
There was a record of equipment calibration. Date of last calibration: calibration due March 2019	Y
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	N
There was a fire procedure.	N
There was a record of fire extinguisher checks. Date of last check: February 2019	Y
There was a log of fire drills. Date of last drill: n/a	N
There was a record of fire alarm checks. Date of last check: n/a	N
There was a record of fire training for staff. Date of last training: n/a	N
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: n/a	N
Actions from fire risk assessment were identified and completed.	N
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • We did not see evidence of a COSHH risk assessment. • There was no fire safety policy and we were not provided with complete fire drill records. The practice told us that fire drills were not recorded. • We saw fire exit signs; however, there was a smoke alarm but no fire alarm and a comprehensive fire risk assessment had not been carried out. Following the inspection, the practice sent evidence to show that a fire risk assessment had been booked for March 2019. • When we reviewed staff training records, we saw that there were gaps in fire safety training. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: n/a	N
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: n/a	N
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • A health and safety risk assessment had not been carried out. Areas of risk were found around the practice. There was no disabled patient toilet and the one patient toilet did not have any grab rails or emergency pull cord. There were no dedicated waste bins in the patient toilet and there were safety hazards in relation to exposed wires in the patient toilet and extension plugs were used in the clinical rooms. There were unsecured loop cords in the clinical rooms. The practice told us that due to space and funding constraints, some safety actions could not be completed. Following the inspection, the practice told us a health and safety risk assessment had been booked for March 2019. • A Legionnaires risk assessment had been carried out in July 2018; however, the practice had not acted on the recommended actions due to funding constraints. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were not met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Partial
Date of last infection prevention and control audit: April 2018	
The practice had acted on any issues identified in infection prevention and control audits.	N
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There were gaps in infection control training, as not all staff had received training. • The last infection control audit identified several areas for action, such as, removal of wallpaper in consulting rooms and replacement of the flooring in the patient toilet. Other areas identified by the audit included replacement of the sinks in the practice, including the patient toilet as per infection control guidelines. The practice had not acted on these recommendations due to financial constraints. 	

Risks to patients

There were gaps in systems to assess, monitor and manage risks to patient safety.

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Partial
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Partial
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The induction system in place was not formalised. The practice told us that locum staff would visit the practice a day before their first session to go through the locum folder. However, there was no records kept of their induction. Not all staff had received formal sepsis awareness training and not all non-clinical staff were fully aware of the sepsis red flags. 	

Information to deliver safe care and treatment

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

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

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation. However, monitoring was required.

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) (NHS Business Service Authority - NHSBSA)	0.69	0.80	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) (NHSBSA)	7.5%	12.6%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	7.05	6.45	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	0.91	1.09	2.22	Variation (positive)

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Partial
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.	n/a
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about	Y

Medicines management	Y/N/Partial
changes to a patient's medicines including changes made by other services.	
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	N
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	n/a
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Y
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Although there were signed Patient Group Directions in place, these had only been signed a day before the inspection and not when the relevant staff were working as locums since May 2018. This meant that vaccines were being administered without the required authorisation in place. • The prescribing policy in place did not record the arrangements for raising concerns around controlled drugs with the NHS Accountable Officer. • There was a lack of supplementary equipment for storing with the defibrillator. For example, there were no scissors or razor stored together with the defibrillator. 	

Track record on safety and lessons learned and improvements made

The practice did not have an effective system to learn and make improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y

Staff knew how to identify and report concerns, safety incidents and near misses.	Partial
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Partial
There was evidence of learning and dissemination of information.	N
Number of events recorded in last 12 months:	2
Number of events that required action:	2
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Not all staff were aware of the significant event from in place. They told us that they would report a significant event by verbally raising it with the GPs. • Not all staff were able to give an example of a significant event or any analysis that had taken place. They told us that significant events were not formally communicated with them. • We saw that there was no formal system for dissemination of significant events or safety alerts. The practice told us that significant events were discussed at practice meetings; however, practice meeting minutes were not usually documented. Meeting notes were mostly recorded in a notebook in pencil and it was difficult to establish or demonstrate if safeguarding was discussed, or if information was disseminated to all staff. 	

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

Event	Specific action taken
Outpatient letter with a medication change sent to practice seven months late. There was a potential of harm to the patient of duplication if the GPs had not been aware of the medication changes.	As the practice knew patients well, they were aware that the patient was no longer on these medications and did not make the changes required. There were also subsequent clinical letters confirming this. An email was sent to all clinicians to be aware and vigilant to the dates on letters and double check for any discrepancies with their current records. The lead GP emailed the outpatient clinic to flag this up as potential for medication error. This letter was copied and quality alert sent to the Clinical Commissioning Group (CCG) to highlight this issue.
Patient call not transferred by reception staff	Call checklist created for two reception staff to check each morning.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Partial
Staff understood how to deal with alerts.	N
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice told us that all safety alerts were disseminated to the relevant staff by email and there was an alert folder in place. However, there was no system in place to check the relevant staff had read these alerts. When we spoke to one new member of the clinical staff, they told us that they were not aware of the safety alerts and they had not been shared with them. 	

Effective

Rating: Requires Improvement

Although we saw examples of some good care, the practice is rated as requires improvement for providing safe, effective and well-led services, which affects all six population groups.

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. However, monitoring was required.

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Partial
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> We were not assured that patients prescribed contraceptive pills had all their needs fully assessed. Staff responsible for carrying out reviews could not demonstrate an understanding of all the contraindications. 	

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>	0.33	0.58	0.81	Variation (positive)

Older people

Population group rating: Requires Improvement

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice had access to the hospital whiteboard data and they followed up on older patients discharged from hospital. Patients were reviewed by the enhanced practice nurse, who ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The practice worked with various members of the multi-disciplinary team which included, the virtual ward, rapid response team, community heart failure and the intermediate care team, to optimise care without the patient waiting for a referral. They implemented an integrated care plan for those patients who were frail and had complex needs.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension. These patients were invited for annual reviews.
- The practice held diabetes specialist nurse clinics at the practice every two weeks.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is	82.3%	79.8%	78.8%	No statistical variation

64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	4.6% (15)	8.8%	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>	72.9%	78.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	6.8% (22)	7.6%	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>	74.0%	80.1%	80.1%	No statistical variation
Exception rate (number of exceptions).	7.7% (25)	9.6%	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>	79.6%	79.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	4.0% (7)	4.8%	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>	87.8%	92.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	0 (0)	8.3%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	81.3%	83.8%	82.6%	No statistical variation
Exception rate (number of exceptions).	3.1% (18)	3.2%	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)	69.4%	83.3%	90.0%	Variation (negative)
Exception rate (number of exceptions).	2.7% (1)	8.2%	6.7%	N/A

Any additional evidence or comments

- The practice told us that they had a transient population, with short-term registrations and the majority of their practice population travelling abroad for the duration of the winter months. The practice had taken steps to schedule these patient long-term condition reviews prior to travelling.
- The practice also identified issues with the coding system. We were not provided with evidence to show what action was taken to rectify this.
- The practice made improvements to improve the care of patients with atrial fibrillation and provided unverified data that showed that since March 2018, they had improved their care of patients with atrial fibrillation, with 85% of patients now receiving anti-coagulation therapy.

Families, children and young people

Population group rating: Requires Improvement

Findings

- Childhood immunisation uptake rates were mixed when compared to the World Health Organisation (WHO) targets. Where performance was below target, the practice had two designated staff members who would ring patients to remind them. There was no dedicated childhood immunisation clinic, patients were booked ad-hoc with the practice nurse.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.
- The practice took part in the 'itchy, sneezy and wheezy' campaign to recognise and treat allergies

in children.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	46	53	86.8%	Below 90% minimum (variation negative)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	45	47	95.7%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	44	47	93.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	44	47	93.6%	Met 90% minimum (no variation)

Any additional evidence or comments

According to the practice records, one child had had an outstanding vaccine from when they were registered at another practice. Further investigation showed that this was due to a coding error. However, this had not been identified by the provider when we carried out the inspection.

Working age people (including those recently retired and students)

Population group rating: Requires Improvement

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74, although these were carried out opportunistically. 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)	70.6%	62.5%	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)	66.3%	69.5%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	42.4%	48.6%	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)	90.9%	75.9%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	66.7%	57.8%	51.9%	No statistical variation

Any additional evidence or comments

The practice offered easy to read leaflets to explain issues like breast or testicular self-examination and the cervical screening programme.

People whose circumstances make them vulnerable

Population group rating: Requires Improvement

Findings

- The enhanced practice nurse visited patients at home & produced a care plan of anticipatory needs for people identified as having extra needs and being at risk of deterioration and admission. For example, patients with long term respiratory and neurological conditions and patients living in isolation and for palliative care.
- 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 and those with a learning disability.
- The practice used easy-read leaflets for vulnerable patients requiring accessible information.
- The practice had a system for vaccinating patients with an underlying medical condition according when prompted by secondary care.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice reviewed young patients at supported living accommodation.

People experiencing poor mental health (including people with dementia)

Population group rating: Requires Improvement

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 an in-house primary care mental health nurse who supported patients who did not meet the threshold for active management under the community mental health team.
- 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.

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)	81.5%	92.4%	89.5%	No statistical variation
Exception rate (number of exceptions).	15.6% (5)	8.3%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.7%	92.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	6.3% (2)	6.3%	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)	84.8%	88.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.7% (2)	6.1%	6.6%	N/A

Monitoring care and treatment

The practice had a 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)	537.8	540.8	537.5
Overall QOF exception reporting (all domains)	4.5%	5.8%	5.8%

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

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

- The practice had carried out a Co-ordinate My Care (CMC) record audit in February 2018, they identified that they had not completed any CMC records for their palliative care patients, using the new CMC system, now integrated within their Emis clinical system. CMC was created to enable all healthcare professionals to offer more personalised medical care, with full respect to each patient's preferences. The out of hours services and ambulance would have access to these records. The practice held a training session on this new system with the GPs and enhanced practice nurse. Following this training, they created CMC records for their palliative care patients and carried out an audit in October 2018 to show how many records had been completed. Results showed that in October 2018, they had completed 60% of CMC records for their palliative care patients. They identified that lack of time was a limiting factor as patient records were not automatically merged from their Emis system to the CMC records; therefore, had to be manually entered onto the record. Following this, they designated the enhanced practice nurse to complete the relevant admin sections of the CMC records. Re-audit results of January 2019 showed an improvement with 73% of their palliative care patients now having a CMC record.

Any additional evidence or comments

Not all clinical staff were involved in clinical audit. One new clinician told us that they were not aware of any practice audits that had been carried out.

Effective staffing

The practice was unable to consistently 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.	Partial
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Partial
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Partial
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> We did not see completed induction records for three new staff. We were not assured that all staff had the knowledge to deliver effective care and treatment and monitoring was required to ensure the competence of staff employed in advanced clinical practice. For example, we found gaps in knowledge for staff responsible for undertaking contraceptive medicine reviews. They could not demonstrate awareness of the contraindications of using the contraceptive pill, such as migraine headaches. The nurse had no formal system of peer support from other nurses to support her in her new role. 	

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y

We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Y

Explanation of any answers and additional evidence:

- The practice proactively helped patients with weight management. One of the GPs was a champion in the area for obesity management.
- The dietitian held monthly clinics at the practice.

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>	97.1%	96.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (6)	0.6%	0.8%	N/A

Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance; however, not all were aware of the requirements of legislation in adults lacking capacity.

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Partial
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">• Clinicians had an understanding of the Gillick principles and we saw evidence of a capacity assessment. However, not all clinicians understood the principles of obtaining consent when an adult lacked capacity. They thought that the carer or a family member could give consent.	

Caring

Rating: Good

Kindness, respect and compassion

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

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

CQC comments cards	
Total comments cards received.	44
Number of CQC comments received which were positive about the service.	37
Number of comments cards received which were mixed about the service.	7
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment cards	Patients felt the practice staff were kind, helpful and they were treated with dignity and respect. Patients who provided mixed comments felt occasional issues with appointments and four of the mixed comments highlighted issues with some of the GPs not always listening to them and feeling involved in decisions about their care and treatment.
Patient/PPG member	They felt the practice staff were helpful and staff were open and honest.

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
4075	358	113	31.6%	2.77%

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)	91.5%	87.5%	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)	89.0%	84.7%	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)	98.2%	94.7%	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)	80.5%	79.9%	83.8%	No statistical variation

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

Any additional evidence
The practice analysed all feedback received from the GP patient survey, NHS Choices, Friends and Family Test and patient feedback/suggestions.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y

Source	Feedback
Interviews with patients.	Patients we spoke with felt involved in decisions about their care and treatment.

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)	91.1%	91.8%	93.5%	No statistical variation

Any additional evidence or comments
Some of the patient comment cards had highlighted that patients did not always feel involved in decisions about their care and treatment. The practice had analysed the results of the GP patient survey and had taken action to improve in this area. The practice felt that this was due to several factors, such as prescribing constraints. The practice created posters about the prescribing changes and displayed them for patients.

	Y/N/Partial
Interpretation services were available for patients who did not have English as a first language.	Y
Patient information leaflets and notices were available in the patient waiting area which told patients how to access support groups and organisations.	Y
Information leaflets were available in other languages and in easy read format.	Y
Information about support groups was available on the practice website.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> In response to patient feedback regarding the accessibility of the practice website, the practice made improvements to make it user friendly. They analysed quarterly data about how their website was used. 	

Carers	Narrative
Percentage and number of carers identified.	58 (1% of the practice population).
How the practice supported carers.	The practice offered all carers a carers health check and they were also referred to carers support in Harrow.
How the practice supported recently bereaved patients.	The practice telephoned patients or their families who had suffered a bereavement. They were signposted for counselling. There were no bereavement leaflets displayed in the practice.

Privacy and dignity

The practice respected patients' privacy and dignity.

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

Responsive

Rating: Good

Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs, although monitoring was required in some areas.

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

Explanation of any answers and additional evidence:

- We found that the facilities were not always appropriate for the services being delivered. The practice could not accommodate both wheelchair users and mothers with pushchairs due to space constraints. We also found that there was no disabled patient toilet and the one patient toilet was not wheelchair friendly. There were no grab rails for patients with mobility issues, or an emergency call button. The practice was aware of the difficulties in providing better facilities for patients and told us that they had been declined funding to improve their premises.
- The practice had bi-lingual staff who were able to speak to patients in a variety of languages. They also utilised the silent sounds interpreting service, or used a sign language interpreter where they were required.
- Some of the patients with verbal communication difficulties were able to communicate using written language, or images and diagrams.
- There was no hearing loop at the practice.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:00am – 6:30pm
Tuesday	8:30am – 6:30pm
Wednesday	8:30am – 1.30pm
Thursday	8:00am – 6:30pm
Friday	8:30am – 6:30pm
Appointments available:	
Monday	8:00am – 1:30pm and 3:30pm – 6:30pm
Tuesday	8:00am – 1:30pm and 3:30pm – 6:30pm
Wednesday	8:30am – 1.30pm
Thursday	8:00am – 3:00pm and 3:30pm – 6:30pm
Friday	8:00am – 1:30pm and 3:30pm – 6:30pm

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
4075	358	113	31.6%	2.77%

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)	94.0%	93.4%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> 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 by the enhanced practice nurse and the health and social care co-ordinator. Urgent appointments were provided for those with enhanced needs and complex medical issues. Receptionists were trained to ensure continuity of care by directing patients to the same GP where appropriate, this was especially important for complex and elderly patients.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment. Complex patients were offered double appointments with the GPs.
- The practice held nurse-led chronic disease management clinics. They liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- 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. Telephone consultations were also offered if required.
- Postnatal and baby checks were held at eight weeks to co-ordinate with the immunisations clinics.
- The practice held the child flu campaign during the autumn school holidays and weekends.

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.
- Patients could book appointments and request their prescriptions online through patient access.
- The practice offered a commuter clinic twice a week for working patients and students from 8am to 9am and was open until 8.30pm on a Monday and Thursday.
- Telephone consultations were held during lunchtime hours with the GPs and nurse. Pre-bookable appointments were also available to all patients at three walk-in centres within the area.

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 and those with a learning disability. Homeless patients were able to use the practice address.
- People in vulnerable circumstances were easily able to register with the practice, including those with no fixed abode. There was walk-in access for these patients and they were signposted to support organisations.
- The practice offered the first and last appointments to their vulnerable patients to avoid prolonged time in the waiting room.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.

People experiencing poor mental health (including people with dementia)

Population group rating: Good

Findings

- There was an in-house primary care mental health nurse who supported patients who did not meet the threshold for active management under the community mental health team.
- 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.

Timely access to the service

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

National GP Survey results

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

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	88.1%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	80.5%	65.1%	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)	75.3%	63.4%	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)	83.3%	69.2%	74.4%	No statistical variation

Any additional evidence or comments

- Daily telephone consultations were available.
- The practice would usually signpost patients to three of the local walk-in centres when the surgery was not open, or when it had reached full capacity.

Source	Feedback
For example, NHS Choices	Comment cards: patients felt they could access the service easily and found the practice was very accommodating with young children.

Comment cards	Patients were happy with the appointment system and felt they could access the service.
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Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	5
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	1

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
Explanation of any answers and additional evidence:	
The practice needed to ensure complaints were discussed with all staff. One clinician we spoke to was not included in formal complaints discussions.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient frustration with new patient registration process causing delays to receiving their prescription.	The practice allocated extra staff to deal with registrations, which were now to be actioned on a designated quieter day. The practice explained the process for repeat prescription requests for patients not yet registered. The patient received an apology and the practice explained that they could still request their previous GP to send a prescription request to the pharmacy electronically. Alternatively, the patient could be seen as a temporary patient for immediate treatment.
Sample not labelled correctly	The practice telephoned and wrote to the patient, acknowledging the inconvenience caused. They also contacted the laboratory as other samples were also being returned in a similar way. The practice reminded clinicians how to label samples themselves. Reception staff were reminded to ensure that the codes required for the samples to be processed were recorded correctly before collection.

Well-led

Rating: Requires Improvement

Leadership capacity and capability

There was compassionate, inclusive and leadership at all levels

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">The practice understood the challenges of their current premises and had a business development plan. The premises were not adequate for the growth in their patient size list and there were difficulties with access for disabled patients. However, due to funding constraints, there was no funding available for such improvement. Recent changes announced by NHS England meant that there was a possible relocation or collaboration with nearby practices.	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none">There was a mission statement displayed in the practice.The practice had identified that with better premises, this would help develop more services, such as in-house care co-ordinators, midwives and counselling services.	

Culture

The practice had a culture which drove high quality sustainable care. Monitoring was required in some areas.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Partial
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Although the practice had a whistleblowing policy, it was in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy. 	

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

Source	Feedback
Non-clinical staff	Staff felt they had a close working relationship and always helped each other.
Clinical staff	Staff felt supported and felt the practice was calm and organised.

Governance arrangements

The overall governance arrangements required monitoring

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	N
Staff were clear about their roles and responsibilities.	Partial
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Structures, processes and systems to support good governance and management were not clearly set out or well embedded in the practice. For example, there were gaps in staff knowledge in relation to assessing mental capacity, contraceptive reviews and sepsis red flags. There were gaps in mandatory staff training. Not all staff attended practice meetings and were not involved in clinical audits. There was limited evidence of shared learning of significant events, complaints and patient safety alerts, due to poor record keeping of meeting minutes. The practice did not always monitor their responsibilities in ensuring that Patient Group Directions were 	

signed by the relevant staff prior to treatment provided to the patient.

Managing risks, issues and performance

The practice did not have clear and effective processes for managing risks, issues and performance.

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	N
There were processes to manage performance.	Partial
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	N
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> The processes to manage performance required monitoring in relation some knowledge gaps in areas such as contraceptive pill reviews and the principles of consent. In some areas, there were no systems to identify and monitor risks to patient safety. During the inspection, we identified risks in relation to recruitment and induction, staff immunisations, fire and health and safety, infection control and supplementary emergency equipment. 	

Appropriate and accurate information

There was a commitment to using data and information to drive and support decision making; however, monitoring was required to ensure that they were acting on appropriate and accurate information.

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	N
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
We saw evidence that data was used to improve performance. However, the practice needed to ensure	

that all information held was reliable. This was in relation to carrying out a comprehensive search of children with outstanding vaccines.

Engagement with patients, the public, staff and external partners

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

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

Explanation of any answers and additional evidence:

- The practice acted on staff suggestions to colour code appointments, so that clinicians could see which type of appointments had been booked.

Feedback from Patient Participation Group.

Feedback

The PPG was actively involved and worked collaboratively with the practice. They met every three months.

Continuous improvement and innovation

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

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

Explanation of any answers and additional evidence:

- There was limited evidence to show that learning from significant events and patient safety alerts were shared with all relevant staff. Practice audits were not widely shared with all clinical staff.

Examples of continuous learning and improvement

- The practice planned to develop junior clinician staff roles.
- The practice took part in the 'itchy, sneezy and wheezy' campaign to recognise and treat allergies in children

- The practice enhanced practice nurse visited patients at home and produced a care plan of anticipatory needs for people identified as having extra needs and being at risk of deterioration and admission.

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.