

# Care Quality Commission

## Inspection Evidence Table

### Kings Heath Practice (1-3802314146)

Inspection date: 11 February 2019

Date of data download: 05 February 2019

## Overall rating: Requires Improvement

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

### Safe

### Rating: Requires Improvement

The practice has been rated as requires improvement as there were still areas in relation to safeguarding and staff awareness of how to recognise and manage sepsis that needed to be improved on.

#### Safety systems and processes

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

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

Safeguarding	Y/N/Partial
professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	
<p>Explanation of any answers and additional evidence:</p> <p>The practice told us that there were some challenges in working with other health professionals in the area due to their availability but we did see evidence that this was something the practice was working on and evidence that they attempted to work with health professionals wherever possible.</p> <p>Although there was a safeguarding lead in place at the practice, not all staff were clear on who this was. Staff were adequately trained in safeguarding and clear on reporting any concerns they had.</p>	

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Since our last inspection the practice had implemented a system to ensure that full recruitment checks were completed on locum GP's who worked at the practice. We saw evidence of these checks.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Y 10/12/2018
There was a record of equipment calibration. Date of last calibration:	Y 21/05/2018
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check:	Y April 2018
There was a log of fire drills. Date of last drill:	Y 09/01/2019
There was a record of fire alarm checks. Date of last check:	Y 07/02/2019
There was a record of fire training for staff. Date of last training:	Y 05/12/2018
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y 21/11/2017
Actions from fire risk assessment were identified and completed.	Y

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment:	Y 12/01/2019
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y 02/01/2019

## Infection prevention and control

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

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	05/12/2018
The practice had acted on any issues identified in infection prevention and control audits.	Y
The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence: There was an infection control lead in place at the practice who had good oversight of infection control processes within the practice. We found the practice to be clean during our inspection.	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Partial
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.	Partial
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence: There was no practice manager at the time of our inspection and, at times, no GP was present at the practice. The practice did not have someone with clinical oversight at the practice at all times on-site. We were told that when there was no GP on-site, patients would be seen by a nurse or would access the	

extended hours service. We discussed this with the provider who described remote clinical supervision and oversight being provided which mitigated this risk.

Although some staff had been trained on sepsis, not all staff had received training at the time of our inspection. We saw evidence that further training was planned. There was a lack of information in relation to sepsis at the practice. The provider assured us that this would be addressed following our 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.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	1.13	1.04	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	6.8%	8.1%	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)	4.35	6.18	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)	4.15	2.28	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y

Medicines management	Y/N/Partial
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Y
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
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



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

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

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	6
Number of events that required action:	6
<p>Explanation of any answers and additional evidence:</p> <p>The practice had improved their system in relation to significant events since our last inspection. There was now a process for these to be captured, recorded and actioned. Learning from these was evident in meeting minutes we reviewed and we saw evidence that this learning was shared across the practice as a whole.</p>	

Examples of significant events recorded and actions by the practice.

Event	Specific action taken
Cervical smear returned from cytology lab as sent in out-of-date vessel.	Patient recalled and staff learning shared across the practice.
Break in cold chain.	PHE notified. NHSE Screening and Immunisations advised and staff learning shared across the practice.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had implemented a system since our last inspection to record and act on safety alerts. We saw evidence that this was now being managed safely and that safety alerts were being acted on as required.</p>	

## Effective

## Rating: Requires Improvement

Effective is now rated requires improvement as the practice had improved in some key areas since our last inspection. However, there still needed to be improvement in relation to some of the screening data and in relation to asthma and diabetes. There was a lack of clinical supervision at the practice at times.

### Effective needs assessment, care and treatment

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

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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	1.68	0.80	0.81	No statistical variation

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- Health checks were offered to patients over 75 years of age.
- The practice offered combined GP and nurse appointments to reduce the need for travel for older people.

## People with long-term conditions

## Population group rating: Requires Improvement

### Findings

- Exception reporting for diabetes was high and the practice needed to improve its numbers of patients having an asthma review.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long-term conditions had received specific training.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.
- The practice offered an Abdominal Aortic Aneurysm ultrasound screening service on-site and INR clinics for patients and those from neighbouring practices for convenience.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	80.2%	81.4%	78.8%	No statistical variation
Exception rate (number of exceptions).	31.4% (44)	17.7%	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>	64.8%	79.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	10.7% (15)	11.4%	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>	76.0%	81.9%	80.1%	No statistical variation
Exception rate (number of exceptions).	7.9% (11)	14.9%	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>	53.1%	76.5%	76.0%	Significant Variation (negative)
Exception rate (number of exceptions).	6.2% (14)	9.0%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	91.1%	91.9%	89.7%	No statistical variation
Exception rate (number of exceptions).	13.8% (9)	13.8%	11.5%	N/A

#### Any additional evidence or comments

The practice reported that their unverified QOF data for asthma reviews was currently at 70.6% which did show an improvement since our last inspection.

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	82.8%	83.5%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.5% (14)	4.5%	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)	94.4%	92.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.3% (1)	4.8%	6.7%	N/A

#### Any additional evidence or comments

We queried some of the exception reporting percentages being higher than the CCG and England averages. We were told this was due to the smaller numbers of patients at the practice. However, rates were high, particularly in relation to diabetes.

### Families, children and young people

### Population group rating: Good

#### Findings

- Although childhood immunisation uptake rates were below the World Health Organisation (WHO) targets we did see evidence that the practice had been working to improve these by encouraging parents to bring their children in for their immunisations. This included following up with non-attenders and going into the local school to talk about the importance of immunisations. The practice described some challenges with this which were unique to the patient population.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

Child Immunisation	Numerator	Denominator	Practice %	Comparison to WHO target
The percentage of children aged 1 who have completed a primary course of immunisation for Diphtheria, Tetanus, Polio, Pertussis, Haemophilus influenza type b (Hib)((i.e. three doses of DTaP/IPV/Hib) (01/04/2017 to 31/03/2018) (NHS England)	60	65	92.3%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	61	68	89.7%	Below 90% minimum (variation negative)
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)	61	68	89.7%	Below 90% minimum (variation negative)
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)	62	68	91.2%	Met 90% minimum (no variation)

### Any additional evidence or comments

The practice was actively working to improve their numbers in relation to childhood immunisations and we saw evidence of how they were engaging with the local community on this. However, rates were still below target.

### Working age people (including those recently retired and students)

### Population group rating: Requires Improvement

#### Findings

- Cervical screening results remained low and the cancer patient review data was a cause for concern.
- 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.

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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)	58.8%	72.5%	71.7%	Variation (negative)
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	55.5%	74.9%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	44.7%	56.6%	54.6%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	12.5%	69.8%	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)	70.0%	52.9%	51.9%	No statistical variation

### Any additional evidence or comments

The practice was taking steps to improve the uptake of cervical screening and were asking women opportunistically as well as following up when women did not attend or who were due to attend. There were some local challenges which the practice were aware of and which they were taking steps to overcome. The practice told us that some of the patient population had moved away but that many were still registered at the practice which was affecting some of their data. Improvement was still needed.

### People whose circumstances make them vulnerable

### Population group rating: Good

#### Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability. We were told that no homeless people accessed the service and that this was due to the location.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

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

**Population group rating: Good**

**Findings**

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- There was a Primary Care Liaison Worker (PCLW) for mental health, and Changing Minds worker in the surgery on a regular basis. The practice liaised closely with PCLW to support patients and ensure timely medication changes



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)	100.0%	94.7%	89.5%	Variation (positive)
Exception rate (number of exceptions).	13.0% (3)	17.7%	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)	100.0%	94.3%	90.0%	Variation (positive)
Exception rate (number of exceptions).	8.7% (2)	13.5%	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)	80.0%	85.1%	83.0%	No statistical variation
Exception rate (number of exceptions).	37.5% (6)	9.0%	6.6%	N/A

### 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)	531.7	548.8	537.5
Overall QOF exception reporting (all domains)	8.8%	6.6%	5.8%

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

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

Citalopram and Escitalopram Dosage in the Elderly: Three cycle audits completed to check the

prescribing at the practice was in line with the MHRA alert and that this was safe for patients over 65. Patients seen and medication reviewed to improve clinical outcomes and ensure safety.

Blood Monitoring for Patients on Levothyroxine: Audits completed and patients reviewed to check on monitoring. Practice strengthened systems for monitoring to ensure patient safety.

Audits completed on high dose opioids. The practice has reduced the use of opioids and is continuing to work on this.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had a comprehensive induction programme for staff and oversight of staff training needs. Staff we spoke with felt supported and felt they had the skills, knowledge and experience to carry out their roles. Patient feedback was positive about the clinicians and staff who worked at the practice, reporting that they had confidence and trust in them.</p>	

## 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	Y

services.	
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
<p>Explanation of any answers and additional evidence:</p> <p>There were a number health promotion schemes that were referred to at the practice including engaging young people in the local community to improve their mental health and self-esteem. The practice was aware of some of the health issues experienced by the practice population and actively worked to support patients by referring them to programme which may improve their health and well-being.</p>	

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>	92.8%	94.9%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.7% (4)	0.7%	0.8%	N/A

## Consent to care and treatment

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

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

# Caring

Rating: Good

## Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The provider was very aware of the patient population and their cultural, social and religious needs and understood some of the socio-economic challenges for their patient group. The provider was supporting staff to provide a flexible service which met the needs of patients who used it whilst promoting health improvement schemes when possible.</p>	

CQC comments cards	
Total comments cards received.	21
Number of CQC comments received which were positive about the service.	19
Number of comments cards received which were mixed about the service.	1
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comments cards	<p>The feedback we received was predominantly positive from patients. They had trust in the health professionals they saw at the practice and felt involved in decisions about their care and treatment. They described being treated with respect and felt that they could access the practice when they needed to.</p> <p>One patient told us that they felt the practice had improved in recent months and described only seeing one of the nurse practitioners as they had not been happy with the GP's in the past.</p> <p>One patient described having to wait a long time to be seen and told us that they had not been happy with the way in which they had been spoken to by reception staff.</p>
Patient interviews	<p>Patients we spoke with during our inspection had faith in the health professionals they saw at the practice. One patient described having some difficulty in getting an appointment sometimes but went on to say that once they had an appointment, the care and treatment they received was very good.</p>

## 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
3610	412	82	19.9%	2.27%

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)	89.1%	88.1%	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)	83.4%	86.2%	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)	88.3%	95.0%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	78.9%	82.5%	83.8%	No statistical variation



### Any additional evidence or comments

Although we cannot compare the data from the GP Patient Survey data looked at during our last inspection, we did see a significant improvement in patient feedback data for this inspection and this was reflected in the feedback we received from patients as part of our inspection process. Patients who completed comments cards and who we spoke with on the day were positive about their experience of accessing the practice and about their interactions with staff who worked at the practice.

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

### Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
Explanation of any answers and additional evidence: Staff interactions with patients were positive and staff displayed a positive attitude when dealing with patient queries.	

Source	Feedback
Interviews with patients.	Patients felt involved in decisions about their care and treatment and felt that the health professional they saw at the practice listened to them.
Comments cards	The comments cards were positive about the patient experience at the practice and many of them praised the staff working at the practice and how they communicated with patients. Nobody raised any concerns 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)	84.4%	92.1%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	96 which equates to 2.7%
How the practice supported carers.	<p>The practice had information on display and readily available for patients and could refer to Northamptonshire Carers who offered a range of help and support for carers. There was a Carers' Champion available in the practice every day. This role had been recently assigned and so was in the development stage at the time of our inspection. Patients were asked if they were carers when they accessed the service.</p> <p>The practice acknowledged there was more they could do in relation to child carers.</p>
How the practice supported recently bereaved patients.	The practice sent a condolence card to recently bereaved patients and this was followed up by a telephone call from a clinician. An appointment would be offered to enable discussion, offer further support or refer to other services in the community.

## 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**

Responsive is now rated as good due to an improvement in patient access and positive patient feedback received during this inspection. The practice has a good understanding of the patient population and provides a flexible service to meet its' needs.

### Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am – 7.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm
Appointments available:	
Monday	8.30am – 7.30pm
Tuesday	8.30am – 6.30pm
Wednesday	8.30am – 6.30pm
Thursday	8.30am – 6.30pm
Friday	8.30am – 6.30pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
3610	412	82	19.9%	2.27%

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)	86.7%	93.8%	94.8%	No statistical variation

### Older people

### Population group rating: Good

#### Findings

- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.
- There was a medicines delivery service for housebound patients.
- The practice worked to combine GP and nurse appointments to make things easier for older patients.

### People with long-term conditions

### Population group rating: Requires Improvement

#### Findings

- Improvement was needed in relation to seeing patients with diabetes and asthma. It was not always clear how the practice was responding to the needs of these patients.
- Patients with multiple conditions had their needs reviewed in one appointment.
- The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues.
- Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.
- A respiratory practice nurse treated patients with asthma and were COPD trained, spirometry performance / interpretation trained, conducted patient reviews and made appropriate referrals to secondary care clinics.
- There was a diabetic specialist nurse for regular diabetes reviews. Newly diagnosed diabetic patients were initially assessed and subsequent referrals made for appropriate monitoring and education.

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

**Population group rating: Good**

### **Findings**

- Additional nurse and GP appointments were available until 7.30pm on a Monday for school age children so that they did not need to miss school.
- 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. Monthly clinical governance meetings with discussion of safeguarding concerns with input from midwife and health visitor took place.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- The practice was working with the 'Frank Bruno Foundation' to address self-esteem of children between the ages of nine and 16 years.
- Six to eight week post-natal checks were pro-actively arranged.
- Contraception and family planning advice, signposting and prescribing took place and were routinely available.
- The practice was engaging with the local primary school to explain about the importance of child immunisations to improve uptake of these.

## **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.
- Pre-bookable appointments were also available to all patients at the GP Extended Access service, Monday to Friday 6.30pm to 9.30pm and at weekends.
- The practice had launched a Twitter and Facebook page to increase patient engagement.

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability.
- The practice offered flexibility in appointment booking for the most vulnerable such as ensuring early appointments for alcoholic patients to allow them to attend prior to having taken significant amounts of alcohol, thus ensuring more productive appointments.
- There were clinical governance meetings held regularly when individual or safeguarding concerns were discussed.
- 'First for Wellbeing' team ran regular sessions on site and patients were signposted for support relating to housing, financial, physical, mental wellbeing.
- The practice were working with the Collaborative Care Team and with the Parish Nurse to help support vulnerable individuals.

**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.

## Timely access to the service

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

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y
Explanation of any answers and additional evidence: There was a triage system in place at the practice which was clearly defined and meant that care and treatment could be prioritised where needed.	

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)	64.2%	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)	74.3%	67.8%	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)	73.0%	64.4%	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)	72.0%	74.6%	74.4%	No statistical variation

### Any additional evidence or comments

Although we cannot compare the data from the GP Patient Survey referred to during our last inspection, we did see an overall improvement in patient's experiencing of accessing appointments at the practice. This was an area the provider had worked on by increasing the number of phone lines into the practice and implementing a triage system to assess the need for appointments.

## Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	10
Number of complaints we examined.	10
Number of complaints we examined that were satisfactorily handled in a timely way.	10
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We looked at the complaints submitted over the past 12 months and found that these had all been adequately recorded and responded to. There was a system in place to ensure complaints were acted upon and that any learning which came out of these was shared with staff across the practice.</p> <p>There was now an open culture within the practice which meant that complaints and issues were discussed and shared without the fear of blame.</p>	

Examples of learning from complaints.

Complaint	Specific action taken
Patient given results as normal when this was not the case.	Shared learning across the practice and taken forward with pathology at the hospital to consider how results are relayed to GP's for wider learning.
Locum unable to prescribe medication to a patient.	Practice liaised with the patient to resolve the complaint and ensure the patient had the required medication.



## Well-led

## Rating: Inadequate

We rated well-led as inadequate as there was a lack of consistent management oversight and some gaps in the quality monitoring processes which needed addressing. There was no practice manager in post at the practice although this was something the provider was considering at the time of our inspection.

### Leadership capacity and capability

**There was compassionate, inclusive and effective leadership at all levels, however, there was no consistent leadership at the practice.**

	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.	Partial
There was a leadership development programme, including a succession plan.	N
Explanation of any answers and additional evidence:	
There was management at the practice on the day of our inspection provided by the federation. This leadership had supported the improvements made at the practice. However, this was not consistent and there were occasions when there was no management at the practice.	
Although the provider was accessible to staff at the practice, there was not always someone on site to assist and support staff. We found that some areas of care delivery would have benefitted from more oversight, for example, in relation to unplanned admissions and patient follow-ups. The provider acknowledged that the practice would benefit from some consistent leadership being in place and was taking steps to address this at the time of our inspection.	

### 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.	Partial
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:	

There was a clear set of values in place at the practice and staff were aware of these and worked towards them. The practice needed to work on the leadership in place to ensure that the required changes were implemented and that the improvements were sustainable.

## Culture

The practice had a culture which was working to drive high quality sustainable care.

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Partial
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <p>Staff felt comfortable raising issues at the practice and this was reflective of the change in culture. Staff described an open culture and described management as being accessible and approachable. This had improved over time and since our last inspection. However, there was no consistent leadership in place and there were occasions when there was no management presence at the practice and no clinical supervision on site.</p>	

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

Source	Feedback
Staff interviews	Staff told us they felt positive about working at the practice. They all described working well as a staff team and said that they felt they could approach management should they need to. They described working in a collaborative, supportive culture which put patients' needs at the heart of what they did. Staff did describe times when there was no leadership presence within the practice but told us that there was always someone on the end of the phone should they need to escalate any issues.

## 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.	Partial
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Due to inconsistent management within the practice some of the governance systems needed strengthening.	

## 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.	Partial
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Partial
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There were regular clinical governance meetings at the practice which looked at risks and quality monitoring processes in place. There were some gaps in these processes in relation to unplanned admissions and patient follow-ups. However, the practice were very aware of the patient population and the challenges within the local community. They were liaising well with local services to improve uptake in relation to screening programmes and offered a flexible service to patients.</p> <p>One key risk was the lack of consistent management presence with the practice. We were told during our inspection that this was an area the practice were looking to improve on, however, it remained an on-going issue at the time of our inspection.</p>	

## Appropriate and accurate information

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

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

## 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: There was a strong focus on providing a service which met the needs of the local community. Staff felt included in the way in which the practice was run and were able to feed their views into improvement processes.	

Feedback from Patient Participation Group.

Feedback
We saw evidence that a PPG had been created since our last inspection. This group met regularly with the practice management and was working on ways in which patients could engage with the practice. A Facebook and Twitter page had been created and a recent survey issued to gain patient feedback. This had not been collated at the time of our inspection but was going to be looked at in order to improve the service.

## 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.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence: The practice was using feedback from a number of sources to make improvements to the practice and we saw that these had been effectively implemented since our last inspection. The practice had taken the areas from our last inspection which needed significant improvement and had been able to improve the way in which the service was run. Staff shared learning as a group and there were processes in place to monitor quality and drive improvement. There was still some further embedding of the processes and some improvement to how the practice was managed on a day to day basis which needed to happen. However, the quality of care and treatment had improved since our last inspection.	

## Examples of continuous learning and improvement

There were now audits carried out by the senior clinical pharmacist for high dose opioids which identified patients who needed to be reviewed.

There was a new meeting structure with clinical governance and team meetings regularly taking place.

A GP Team Net system had been implemented to allow staff to access policies and procedures as needed.

A telephone triage system by an advanced nurse practitioner to increase access for same-day appointments had been implemented to improve access.

A new phone system had been installed for better phone-line capacity.

Improvements had been made to how MHRA and safety alerts were shared and acted upon.

A practice risk register was now in place.

The way in which complaints and significant events were managed had been improved on and were now discussed at monthly clinical governance meetings, with guidance disseminated to relevant 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.