

Care Quality Commission

Inspection Evidence Table

The New City Medical Group (1-506577542)

Inspection date: 28 February 2019

Date of data download: 27 February 2019

Overall rating: Good

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

Safe

Rating: Requires Improvement

At our previous inspection on 13 September 2016, the practice was rated as good for providing safe services. At this inspection we rated this area as requires improvement, as we identified the practice did not have safe management systems in place in relation to medicines administered under Patient Specific Directions (PSDs).

Safety systems and processes

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

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

Safeguarding	Y/N/Partial
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Y
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Y
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Y
Staff had any necessary medical indemnity insurance.	Y

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: Sep 2018	Y
There was a record of equipment calibration. Date of last calibration: Sep 2018	Y
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: Sep 2018	Y
There was a log of fire drills. Date of last drill: Dec 2018	Y
There was a record of fire alarm checks. Date of last check: Aug 2018	Y
There was a record of fire training for staff. Date of last training: Mar 2018	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: March 2017	Y
Actions from fire risk assessment were identified and completed.	Y

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: Sep 2018	Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Sep 2018	Partial
<p>Explanation of any answers and additional evidence:</p> <p>The practice initially stated they had not carried out risk assessments but had in place a Health & Safety policy dated November 2018 which detailed issues such as access, manual handling, waste disposal, equipment safety, and lone working. However shortly after the inspection the practice did produce a number of written risk assessments they had been unaware of at the time of inspection; although not specifically for the security of the premises. The practice has now engaged the services of an external health and safety consultant to produce comprehensive risk assessments as they recognised this was an area they needed to improve their knowledge and monitoring.</p> <p>There was an informal risk assessment for premises security which had resulted in measures such as an alarm and shatter proof glass in reception.</p>	

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: Sep 2017	
The practice had acted on any issues identified in infection prevention and control audits.	Partial
The arrangements for managing waste and clinical specimens kept people safe.	Y
<p>Explanation of any answers and additional evidence:</p> <p>We saw monthly cleaning audits carried out by cleaning staff in conjunction with the practice manager. The infection control lead told us of training they had carried out for staff including handwashing and receiving of samples. Staff told us they carried out regular cleanliness checks of rooms and cubicle curtains, and we did not see any obvious cleanliness issues on inspection. However the documenting of these checks could be improved as the last documented infection control audit was over a year ago. We did see one instance where the audit had identified a historic damp stain on a ceiling which had not as yet been rectified.</p>	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or 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
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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)	1.01	1.12	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)	11.5%	9.5%	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)	5.35	5.05	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)	3.17	2.80	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.	Partial
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	N
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.	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.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>Boxed prescriptions were kept securely on delivery, and signed for however the practice was not recording serial numbers of prescriptions as they were taken out of the box for use, and information pertaining to each serial number including where, when (date/time) and to whom prescription forms had been distributed. This created a risk that lost or misappropriated prescriptions would not be discovered promptly.</p> <p>The Healthcare assistant was working under documents entitled Patient Specific Directions however these had not been correctly filled in with either specific named patients or list of named patients where each patient on the list has been individually assessed by the prescriber, they referred only to 'the group of eligible patients'. There was no prescriber review of the individual patient before the medicines was administered, or copy stored within the patient's electronic record. The practice did state they would immediately rectify this.</p> <p>The practice needed to develop suitable protocols which reflect national guidance for the prescribing of high risk medicines, and repeat prescribing.</p> <p>The practice was recording fridge temperatures daily however there was only one thermometer for each fridge. Ideally, there should be a second thermometer or data logger that is independent to the integral thermometer in the vaccine fridge, to cross-check the accuracy of the temperature and monitor</p>	

Medicines management	Y/N/Partial
the temperature if the electricity supply to the vaccine fridge is interrupted.	
There was no oxygen warning sign on the door where it was stored.	

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.	Partial
Number of events recorded in last 12 months:	17
Number of events that required action:	17
Explanation of any answers and additional evidence:	
<p>We saw evidence that incidents were reported and discussed, with specific actions fed back to staff. However the dissemination of general learning points to involve staff and develop a strong safety culture could be further developed. Staff told us if they were unable to attend a meeting the minutes were not always sufficiently informative to enable them to be fully involved with learning points. The practice stated there was a possibility of under-reporting, particularly around incidents concerning violent patients, and would carry out awareness raising and further training at upcoming staff 'away days'.</p>	

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

Event	Specific action taken
Patient overdose in toilet	Keypad locks fitted to doors where patients now have to ask for code to enter.
Needlestick injury	Occupational health contacted in accordance with guidance.

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

Explanation of any answers and additional evidence:

Safety alert emails were printed out and signed by clinicians, who were able to give examples of recent alerts. However the practice could further develop a planned system of audit to monitor subsequent adherence to these.

Effective

Rating: Good

We rated this key question, and all of the population groups as good, except for people with long term conditions, which we rated as requires improvement, due to delays in recalling some patients for review.

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
Explanation of any answers and additional evidence:	
Hypnotic prescribing is shown as significantly higher than CCG and England averages. We explored the reasons for this on inspection. We were told it was largely due to a number of transient patients who lead chaotic lifestyles and are difficult to engage in long-term reduction programmes, and a historic reliance on locum GP's. We noted, however, that the prescribing trend was gradually decreasing over time, reflecting CCG and national trends. The practice worked with local drug misuse services to monitor and identify patients, and used weekly prescribing.	

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>	3.32	0.71	0.81	Significant Variation (negative)

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. Opportunistic health checks were offered to those who did not have blood pressure or cardiovascular disease risk measured in the last five years.

People with long-term conditions

Population group rating: Requires Improvement

Findings

- The practice had a high prevalence of chronic disease and multiple co-morbidities.
- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. Eligible patients are invited by letter to see the Healthcare Assistant in a 20-minute appointment, with follow up with the Nurse Practitioner and/or GP.
- For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care. Weekly clinical meetings were held attended where necessary by other health professionals including community matrons, district nurses and community psychiatric nurses. On alternate weeks the meeting was held in the practice's linked care home, with a virtual ward round taking place as part of this.
- There was a system for recalling patients for reviews and identifying non-attenders, who received further invites and reminders. However, the practice had identified errors in coding and recall systems where some patients had not been invited for reviews, and were now in a catch-up programme with subsequent impact on nursing availability. At the time of inspection, the next nursing availability for long term conditions reviews was in mid-April. This was a particular problem for housebound patients who had not received a full long-term condition review. We checked several care records and did not identify that any patient had come to harm because of this, and had been seen for acute problems or by services such as district nurses, therefore had still received baseline monitoring. The practice action plan was to designate time for the healthcare assistant to visit patient's homes to carry out screening, blood tests and observations, although there was no definite start date for this.
- 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.
- Adults with newly diagnosed cardiovascular 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 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	71.3%	78.3%	78.8%	No statistical variation
Exception rate (number of exceptions).	4.5% (16)	16.8%	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) (QOF)	70.9%	81.6%	77.7%	No statistical variation
Exception rate (number of exceptions).	5.0% (18)	9.9%	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) (QOF)	71.3%	83.5%	80.1%	No statistical variation
Exception rate (number of exceptions).	10.3% (37)	13.2%	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) (QOF)	81.2%	75.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	3.7% (10)	11.0%	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) (QOF)	73.4%	88.6%	89.7%	Significant Variation (negative)
Exception rate (number of exceptions).	5.2% (15)	14.9%	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)	73.7%	82.4%	82.6%	Variation (negative)
Exception rate (number of exceptions).	3.2% (37)	4.0%	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)	84.6%	90.7%	90.0%	No statistical variation
Exception rate (number of exceptions).	5.8% (8)	5.6%	6.7%	N/A

Any additional evidence or comments

We explored at length those indicators which fell below local and national averages. The practice explained some figures had been affected by a chronic shortage of GP's and nurses, impacting on availability for some long-term condition reviews. Some historical coding errors also meant a cohort of patients were missed for recall, which had now been corrected. This was in addition to a high proportion of transient patients, and high proportion of patients with mental health difficulties and multiple long-term conditions.

The practice development plan identified key areas for improvement, and how they were going to target this, including appointment of clinical and non-clinical leads, and strengthening the recall system to include text messages and screen alerts to increase opportunistic reviews. The practice had recently recruited a salaried GP and now had a full GP complement, and was looking to further develop by also recruiting a practice nurse. The practice acknowledged they were not where they wanted to be for some QOF indicators, but were closely monitoring areas where they were outliers and had a workable action plan to target areas for improvement.

We assessed the latest practice figures for 2018-19. These are as yet unpublished and unverified; however we were able to identify an improving trend for some indicators where comparable figures were available. For instance, the percentage of patients with hypertension with a blood pressure reading below a certain level had increased from 73.7% to a current achievement of 80%, although the percentage of COPD patients having a review was forecast to be similar, the current achievement being 72%.

Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- Antenatal safeguarding concerns were incorporated into regular safeguarding meetings. 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. The practice had a high prevalence of child safeguarding concerns due to the practice demographics. The practice held regular safeguarding meetings with other professional including health visitors and school nurses, and staff were able to give examples of where they had identified and raised concerns which were then reported.
- 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)	33	35	94.3%	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)	34	35	97.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	34	35	97.1%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	34	35	97.1%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. After noting a low level of NHS health check activity, the practice was actively promoting these checks and sending invitation letters.
- 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.
- The practice was having a targeted drive to increase uptake of cervical screening tests, and had increased this from 62.7% in 2017-18, to 69% currently, although this figure is as yet unpublished and unverified.

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)	62.7%	75.6%	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)	75.2%	75.6%	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)	51.4%	55.9%	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)	73.3%	72.9%	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)	42.9%	43.6%	51.9%	No statistical variation

People whose circumstances make them vulnerable

Population group rating: Good

Findings

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, and those with a learning disability. The practice had sought input from learning disability specialists and sent out easy read materials before annual review appointments, and also telephoned the patient or their carer the day before to offer further assistance. Special patient notes were used to highlight where a patient may have particular problems, for instance with anxiety, and how the practice could best support them.
- 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. This was a higher than average proportion due to a number of nearby hostels. The practice had good links with local charities and drug and alcohol misuse services. The practice had a flexible approach to patients failing to attend appointments due to chaotic lifestyles, and actively promoted reduction programmes including weekly prescriptions and a password system to combat fraudulent prescription claims. The practice communicated regularly with drug and alcohol services where they had joint prescribing responsibilities for patients.
- The practice had appointed a veteran's champion and actively sought to identify this group in order to signpost to support services, and offered free use of practice rooms for veteran's charities.

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, including frequent reviews according to NICE guidance. The practice worked with mental health crisis teams and other mental health professionals, and made appropriate referrals.
- 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.
- Staff had received dementia training, and the healthcare assistant had been upskilled to provide memory testing and work with the GP to ensure appropriate referral and support.
- Improving mental health indicators was a key area in the practice action plan. Progress against the plan was being monitored by named clinical and non-clinical leads. The practice had a high prevalence of mental health patients on the practice register (1.7% compared to the CCG average of 0.9%).

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months had improved from 66.3% in 2017-18 to 84% currently. Records of blood pressure in this patient group had improved from 70% to 81%. It should be noted that these figures are as yet unpublished and unverified.
- Mental health patients having a care plan in place increased slightly from 63.9% to 68%, however this is still significantly lower than local and national averages and remains a key targeted area for improvement for the practice by March 2020. There were a number of hostels within the immediate vicinity of the practice. The practice were exploring more opportunities for contact with this patient group. Clinical and non-clinical leads were now in place, and the recall system had been strengthened. Patients on the mental health register were invited for an annual health check, with a follow-up extended appointment with a GP if they were not already under the care of mental health services. The practice was flexible with their 'did not attend' policy for this patient group, with a marker on the patients care record rather than removing them from the practice list, allowing opportunistic promotion of mental health reviews.
- The practice did not make full use of exception reporting where people had not responded to repeated request to attend for a review, with subsequent impact on figures. The practice was auditing patient list activity to try to identify those transient patients who registered then moved on again from the area. Of 253 patients who had registered in the previous year, 62 had deregistered within 10 months, equating to almost 25% of that population known to have moved on again, and an unknown proportion which may have moved without notifying the practice, which had significant impact on the practice when trying to invite patients for annual reviews.

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)	63.9%	89.4%	89.5%	Significant Variation (negative)
Exception rate (number of exceptions).	2.4% (2)	13.4%	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)	66.3%	84.5%	90.0%	Variation (negative)
Exception rate (number of exceptions).	2.4% (2)	10.8%	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)	72.1%	83.0%	83.0%	No statistical variation
Exception rate (number of exceptions).	0 (0)	6.4%	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)	488.2	541.9	537.5
Overall QOF exception reporting (all domains)	4.7%	6.5%	5.8%

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

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

- Audit of patients prescribed a medicine used for hypertension or angina following notification of a shortage. Patients medical records were updated where they were no longer taking the medicine, and patients contacted and informed where necessary, and given different prescription to ensure no deterioration in their condition due to interruption in medicine supply.
- Audit of patients prescribed a sedating antihistamine following a reclassification that it should no longer be prescribed in general practice. 13 patients were identified as needing to be contacted and switched to an alternative. The second audit cycle revealed 6 patients still prescribed, however the practice took action to stop all repeat prescriptions and request input from the CCG pharmacist to contact the patients.

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.	N/A
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	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
Explanation of any answers and additional evidence: The practice was able to demonstrate good multi-disciplinary working and engagement.	

We saw there was comprehensive care plans and emergency care plans in place, which were subject to regular review as part of community integrated team working. Audits showed the majority of palliative care patients had died in their preferred place.	
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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

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%	95.3%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.1% (2)	0.6%	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
Explanation of any answers and additional evidence: Clinicians were able to give examples where they had assessed patient capacity and acted in their best interest in accordance with legislation and policy.	

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

Source	Feedback
Patient feedback	Very caring
NHS Choices	Thank you to nursing staff for all their care and support over the years.
Patient Participation Group	Feel respected and involved

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
5138	290	101	34.8%	1.97%

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)	89.2%	89.1%	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)	88.2%	88.1%	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)	97.6%	95.7%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	79.5%	84.2%	83.8%	No statistical variation

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
<p>Explanation of any answers and additional evidence:</p> <p>Easy read materials and interpreters were available on request, and the practice had sought specialist advice to improve the literature sent to learning disability patients before their annual reviews.</p>	

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)	91.2%	93.1%	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.	Partial
Information about support groups was available on the practice website.	Y
<p>Explanation of any answers and additional evidence:</p> <p>There was comprehensive signposting to other support services on the practice website. Leaflets in other languages or large print could be requested.</p>	

Carers	Narrative
Percentage and number of carers identified.	159 (3%)
How the practice supported carers.	Proactive promotion of carer's health checks, individual support and befriending during appointments, and signposting to local support organisations.
How the practice supported recently bereaved patients.	There was no specific policy; however, a visit or support from the person most involved with the patient's care was implemented flexibly on an individual basis, and the practice was able to give examples of this.

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
Explanation of any answers and additional evidence: The practice had carried out improvements to the reception area with confidentiality in mind, including reconfiguring desks, moving telephones away from the front desk, and creating a private area at the front desk for patients.	

Responsive

Rating: Good

Responding to and meeting people's needs

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

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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8:30am to 6pm
Tuesday	8:30am to 6pm
Wednesday	8:30am to 6pm
Thursday	8:30am to 6pm
Friday	8:30am to 6pm
Appointments available:	
Monday	8:30am to 6pm
Tuesday	8:30am to 6pm
Wednesday	8:30am to 6pm
Thursday	8:30am to 6pm
Friday	8:30am to 6pm
	Patients could also access out of hours appointments through the Sunderland Extended Access service; Monday to Friday 6pm-8.30pm, Weekends 9am-5.30pm and bank holidays 10am-2pm at various GP practices and health hubs around the city.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
5138	290	101	34.8%	1.97%

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)	99.3%	94.4%	94.8%	No statistical variation

Any additional evidence or comments

Older people

Population group rating: Good

Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.

People with long-term conditions

Population group rating: Good

Findings

- Patients with multiple conditions had their needs reviewed in one appointment, with extended appointment durations given as necessary. Nursing availability was still limited, with the next appointments available for long term conditions reviews in mid-April. The practice was actively trying to recruit a practice nurse.
- 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.

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.

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.
- There was a mixture of urgent on the day appointments, or pre-bookable appointments up to eight days in advance. Online appointments were bookable up to eight days in advance.
- The practice was actively promoting NHS health checks and carer reviews. They had increased uptake of cervical screening tests and were now looking to target bowel and breast screening.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

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

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

Population group rating: Good

Findings

- Priority appointments were allocated when necessary to those experiencing poor mental health. Appointment times were extended for mental health and dementia care planning. 'Did not attend' policies were implemented flexibly for this group. Staff used additional calls or text messaging reminders before appointments to try to increase uptake.
- 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: The practice embargoed some GP only booked appointments for GP's to triage patients and book on the day.	

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)	61.0%	72%	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)	59.7%	67.4%	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)	66.2%	65.7%	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)	68.9%	72.5%	74.4%	No statistical variation

Any additional evidence or comments

The practice was aware of where access problems had existed and had a plan to improve. The recent recruitment of a salaried GP had resulted in an extra 42 appointments a week becoming available. The practice was running a patient survey from January-April 2019 and was intending to carry out an appointment analysis in May 2019.

Although not directly comparable, of 32 initial responses, 72% of patients gave a positive or neutral response to how easy it was to get through on the phone. 94% of patients said receptionists were helpful

or very helpful. 74% gave a positive response for their overall experience of making an appointment. The practice were using the results of the survey to drive areas of improvement where figures were less positive, such as practice appointment times and ability to speak to preferred GP.

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.	3
Number of complaints we examined that were satisfactorily handled in a timely way.	3
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	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:	

Example(s) of learning from complaints.

Complaint	Specific action taken
Did not attend letter sent to patients who could not read or write	Systems updated, better audit trail for that patient, although limited evidence of wider learning when applied to other patients
Delay of test results	Global inbox and protocol for receipt of test results

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: The practice development plan included recognition of areas of special interest for clinical staff and how these could best be developed and utilised within the practice.	

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.	Partial
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.	Partial
Staff knew and understood the vision, values and strategy and their role in achieving them.	Partial
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: In 2018, the practice had been through a period of GP shortages and reliance on long term locums, therefore had been more focussed on day to day challenges than the development of a clear vision. However, now that a full GP complement had been achieved, we could identify that the practice was moving into the next stage of its development, and had produced a clear development plan which included key targeted areas for improvement and named responsible staff members. Away days for all staff were planned to develop a practice vision and link this to the development plan. An analysis of strengths, weaknesses, opportunities and threats had been produced; with the practice recognising it still had challenges, such as ongoing practice nurse recruitment and improvement of some QOF areas.	

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	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
Explanation of any answers and additional evidence:	
<p>During the inspection the practice manager identified that they wished to strengthen their approach to and knowledge of risk assessment, including occupational health. Shortly after the inspection the practice met with an external health & safety consultant to carry out a full risk assessment including occupational health assessments for the well-being of staff.</p>	

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

Source	Feedback
Staff	The majority of staff felt supported by management and spoke of an open and transparent culture. Some staff felt communication could be improved, particularly where they had been unable to attend a meeting and relied on minutes for feedback.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<p>The practice had developed clinical and non-clinical leads for areas identified within the practice development plan. A more planned and structured approach had been developed for clinical audit. Some audits were not yet fully completed two cycle audits where the practice could demonstrate clear improvements in patient care; however we saw sufficient evidence that if baseline audits are completed</p>	

this will drive patient improvement. We did also see some completed audits where patient care had been improved; such as improving prescribing practices in accordance with recent best practice guidance. The practice participated fully in monitoring activities with the local CCG.

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y
There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Partial
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:	
Although the practice was able to provide a suite of risk assessments, awareness of these was low. The practice recognised they needed to develop further in this area and had engaged the services of an external health and safety consultant to ensure all risks were fully identified.	

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
Staff whose responsibilities included making statutory notifications understood what this entails.	Y
Explanation of any answers and additional evidence:	
QOF improvement was a key targeted area in the practice development plan, with training for all staff planned to involve the whole practice and encourage ownership of QOF responsibilities including recall systems and correct coding.	

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:	

Feedback from Patient Participation Group.

Feedback
A representative from the PPG told us their views were encouraged and acted upon, and gave us examples such as clearer signage for dementia sufferers and fully accessible premises.

Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<p>The practice had taken on board feedback from previous CQC inspections and the CCG including monitoring data, and used this to shape a defined action plan for improvement. At our previous inspections on 21 November 2017 and 7 June 2018, we told the provider that they should make improvements in some areas. We found that the practice did not have a development plan that set out how the provider intended to enact their vision and strategy. We also found that they did not have a planned and structured approach to carrying out clinical audits. We saw that these issues were now addressed, with the practice looking to further develop from a clear action plan. Staff training was recorded and monitored, and there was a programme of clinical audit.</p> <p>We saw evidence of continuous improvement such as patient surveys to continually improve access satisfaction figures, and staff upskilling to improve access to services; such as the healthcare assistant being able to carry out initial dementia screening tests.</p>	

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.