

# Care Quality Commission

## Inspection Evidence Table

### Maryport Group Practice (1-542513676)

Inspection date: 12 February 2019

Date of data download: 28 January 2019

## Overall rating: Outstanding

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

## Safe

Rating: Good

### Safety systems and processes

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

Safeguarding	Y/N/Partial
There was a lead member of staff for safeguarding processes and procedures.	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
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

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence: Healthcare assistants at the practice had also been trained to level 3 in safeguarding children, which is higher than the recommended level for their role.	

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:	Y 11/02/2019
There was a record of equipment calibration. Date of last calibration:	Y 16/04/2018
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 12/11/2018
There was a log of fire drills. Date of last drill:	Y 02/10/2018
There was a record of fire alarm checks. Date of last check:	Y 05/02/2019
There was a record of fire training for staff. Date of last training:	Y 05/02/2019
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y 09/02/2019
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 15/05/2018
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y 15/05/2018

### **Infection prevention and control**

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

	<b>Y/N/Partial</b>
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:	11/12/2018
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

### **Risks to patients**

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

	<b>Y/N/Partial</b>
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

## 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) <small>NHS Business Service Authority - NHSBSA</small>	1.12	1.07	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	7.1%	8.0%	8.7%	No statistical variation

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

<b>Medicines management</b>	<b>Y/N/Partial</b>
Directions or Patient Specific Directions).	
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
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.**

<b>Significant events</b>	<b>Y/N/Partial</b>
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:	47
Number of events that required action:	42

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

Event	Specific action taken
A prescription request was sent to the practice for the wrong medication.	A form was devised which needs to be completed when prescription requests are received to help identify if the medication requested is correct.
Documents were sent to the nursing team via a system they did not know how to use, causing a delay in the actions within the documents being carried out.	Staff were made aware that this particular system should not be used to send documents. However, the nursing team were also shown how to use the system in case documents are sent in this way in error in the future.

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:  Alerts were emailed to all relevant staff by the practice manager. Appropriate actions were taken and recorded. We saw action plans in place for relevant alerts.	

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	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>	0.44	0.48	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.

## People with long-term conditions

Population group rating: Good

### Findings

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

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	83.1%	83.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	15.8% (180)	16.4%	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>	78.8%	83.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	10.2% (116)	8.0%	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>	76.3%	82.2%	80.1%	No statistical variation
Exception rate (number of exceptions).	14.9% (170)	16.8%	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>	82.3%	77.6%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.6% (16)	7.9%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	98.1%	92.7%	89.7%	Variation (positive)
Exception rate (number of exceptions).	6.8% (30)	11.4%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	87.0%	85.6%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.4% (35)	2.8%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) <small>(QOF)</small>	84.7%	88.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	3.1% (8)	8.3%	6.7%	N/A

## Families, children and young people

## Population group rating: Outstanding

### Findings

We rated this population group as outstanding as they had achieved significantly higher than average immunisation rates for a large cohort of children.

- Childhood immunisation uptake rates were all 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.

- 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)	136	138	98.6%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)	131	134	97.8%	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)	131	134	97.8%	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)	129	134	96.3%	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. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	76.0%	77.9%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	76.3%	76.9%	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)	55.8%	61.5%	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)	86.5%	78.6%	70.3%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	47.1%	55.2%	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 those with a learning disability.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice demonstrated that they had a system to identify people who misused substances.

### 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.
- Staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.5%	93.2%	89.5%	No statistical variation
Exception rate (number of exceptions).	7.8% (9)	10.4%	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)	92.5%	93.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.8% (9)	8.5%	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)	76.8%	82.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	1.8% (3)	4.6%	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)	559.0	553.3	537.5
Overall QOF exception reporting (all domains)	5.3%	5.3%	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

<ul style="list-style-type: none"> <li>• An audit was carried out to ensure that patients who had been prescribed a medication for heart failure were being correctly monitored. In July 2018 on 55.5% of patients on this medication had had their pulse taken in the preceding six months. An alert was placed on the practice computer system to notify clinicians when patients on this medication had not been monitored. At a re-audit in January 2019 94% of patients were being monitored appropriately (15 out of 16).</li> <li>• An audit into the reduction of prescribing Benzodiazapines (sleeping tablets) found that prescriptions of these drugs at the practice had reduced by 50% between 2014 and 2017. A follow-up audit in 2018 found that this number had been maintained and the prescription of this kind of medication remained low.</li> <li>• The practice had started an opiate reduction programme in September 2018 to reduce the unnecessary prescription of these medications. Patients who currently had two or more opiate prescriptions in place (for example, one for 15mg of codeine during the day and one for 30mg at night) were invited to attend an appointment for review. Of the 28 invited, 26 attended. Of these, 12 were found to have appropriate prescriptions in place (which was usually a prescription issued during a recent hospital admission), while 14 (54%) had their opiate medication stopped or reduced.</li> </ul>
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## 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	Y

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

## Helping patients to live healthier lives

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

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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions:	98.1%	96.1%	95.1%	No statistical variation

CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	0.4% (17)	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

## Caring

## Rating: Outstanding

We rated the practice as outstanding for providing caring services due to positive patient feedback and their approach to identifying and supporting carers.

### 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.	38
Number of CQC comments received which were positive about the service.	35
Number of comments cards received which were mixed about the service.	3
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comments cards, NHS Choices, patient interviews	Patient feedback about care at the practice was highly positive. Numerous comment cards gave examples of times when patients had been treated with kindness, respect and compassion. All of the cards reported positive feedback, and all staff groups were praised for their caring attitude.



## 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
13944	281	110	39.1%	0.79%

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)	94.4%	90.0%	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)	93.7%	88.9%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	100.0%	96.5%	95.6%	Significant Variation (positive)
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)	87.4%	83.9%	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

Source	Feedback
Patient comment cards, patient interviews, NHS Choices.	Patients said they were involved in decisions about their care and treatment and were able to give examples of when this had happened.

## 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)	94.5%	94.7%	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.	756 patients (approximately 5%)
How the practice supported carers.	Patients were asked if they had or were a carer when they joined the practice. Leaflets in reception area promoted carers' groups. Any carers who were identified were signposted to the local carers' organisations. The practice employed a care coordinator who worked with patients who were deemed frail, and they helped to identify people who were carers and offer them support. Since they began in their role in October 2018 they had identified 44 carers (approximately 6% of the total number on the register).
How the practice supported recently bereaved patients.	We were told that a GP would phone any patients who had had a bereavement, or they would send out a bereavement card asking patient to make an appointment if required. The practice gave out a bereavement guide and referred patients to counselling.

## 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 built a "privacy pod" – a separate room at the end of the reception desk where patients could speak to reception staff privately. This was in response to staff and patient feedback, as there were no rooms close to reception for receptionists to use to speak to patients.	

## Responsive

## Rating: Outstanding

We rated the practice as outstanding for responsiveness due to the work they had done to support people whose circumstances make them vulnerable and people who are experiencing poor mental health.

### 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 involvement of other organisations and the local community was integral to how services were planned. For example, the practice worked closely with a project run by the local secondary care trust to help reduce the number of repeat attenders at the practice. While this project worked with a number of practices across the CCG area, the service was hosted at Maryport. We were told by staff at the trust that Maryport Group Practice had been extremely keen to host this service and was the only one to provide a dedicated lead GP to the project and to hold joint clinics with them. This had resulted in reducing demand on clinicians' time at a point when there had been high staff turnover and sickness at the practice, and freeing up more appointments. We saw a case study of one patient who, in the 12 months prior to the practice starting work with the project, had attended the surgery 35 times, A&E 36 times, and had had nine in-patient admissions. In the six months since the practice and the project started to work together this had reduced to eight GP attendances, five A&E attendances and no admissions to hospital.
- A number of clinics were offered to patients from the practice building, such as a dietician, podiatry, counselling and community mental health nurses.
- The practice offered a minor injuries service to patients.
- We saw multiple examples of times when people's individual needs and preferences had been made central to the planning and delivery of tailored services. In response to patient feedback the practice had employed extra staff or recruited new roles (such as a learning disabilities and dementia nurse, a care coordinator, paediatric nurses and community practitioners) or had invested in improvements to the premises, such as building a "privacy pod" in reception where patients were able to talk to staff privately.

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.00am to 6.30pm
Tuesday	8.00am to 6.30pm
Wednesday	8.00am to 6.30pm
Thursday	8.00am to 6.30pm
Friday	8.00am to 6.30pm
Appointments available:	
Monday	8.10am to 12.20pm and 2.00 to 5.20pm
Tuesday	8.10am to 12.20pm and 2.00 to 5.20pm
Wednesday	8.10am to 12.20pm and 2.00 to 5.20pm
Thursday	8.10am to 12.20pm and 2.00 to 5.20pm
Friday	8.10am to 12.20pm and 2.00 to 5.20pm
“Extended access” appointments were offered with a GP or nurse practitioner either at the practice or a nearby venue.	Weekdays from 6.30pm to 8pm
	Saturdays from 1pm to 6pm
	Sundays from 8am to 1pm

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
13944	281	110	39.1%	0.79%

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that at their last general practice appointment, their needs were met (01/01/2018 to 31/03/2018)	94.3%	95.8%	94.8%	No statistical variation

### Older people

### Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>All patients had a named GP who supported them in whatever setting they lived.</li> <li>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.</li> <li>The practice employed a care coordinator who helped people who were deemed frail. They carried out assessments on home visits to ensure these patients had all the support they required and were entitled to.</li> <li>Workers from Age UK were invited to the practice’s flu clinic to offer support to patients.</li> </ul>

## People with long-term conditions

Population group rating: Good

### Findings

- 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.
- The practice had “long-term conditions” nurses who took lead roles for the care of patients with conditions such as asthma and diabetes.
- Patients with multiple conditions had their needs reviewed in one appointment. This took place annually or every six months, depending on patient need.

## 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.
- The practice had employed two paediatric nurses to increase the number of nurse appointments for children. Appointments with a paediatric nurse were 20 minutes long.

## 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 extended access appointments were available to all patients at the practice or additional locations within the area. These were on weekday evenings and weekends.
- Tier two sexual health screening was available at the practice.

**People whose circumstances make them vulnerable**

**Population group rating: Outstanding**

**Findings**

- The practice held a register of patients living in vulnerable circumstances, including 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. Since the last inspection the practice had appointed a learning disabilities nurse specifically to help care for and support this group of patients. They carried out reviews and cervical screening for patients with a learning disability and had good links with the local community learning disability team. We saw examples of how, by having this role, the practice had been able to encourage patients who had previously missed reviews to attend, including some who had previously undiagnosed medical conditions which were now being treated.
- A drug and alcohol counselling service operated a clinic from the practice.
- The practice had booked staff onto an autism awareness training course.
- The practice supported and worked closely with a social enterprise scheme which aimed to support vulnerable and socially-isolated patients. The “Hug a Mug” group was hosted by the practice in a room in the surgery between 9.30 and 11.30am, Monday to Friday. Anyone was welcome to attend, but GPs regularly referred patients who were repeat attenders with social, rather than medical issues. As well as supporting over 700 people so far and referring them on to other services, the practice was able to show that by referring repeat attenders to this service they had reduced the number of GP attendances from this cohort from an average of 19 appointments per week to four, the approximate equivalent of one GP session. The practice was applying to extend their premises in the hope they could offer more room and more time to this service.

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

**Population group rating: Outstanding**

**Findings**

- Priority and longer 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. There were GPs at the practice who were specially trained in mental health.
- The practice was not only aware of support groups within the area but was keen to host these groups within the practice. In response to National GP Patient Survey results which showed patients did not feel supported by services in the area, the practice had employed a care coordinator. They carried out home visits to assess patients and signpost them to services accordingly. The practice also supported a number of services in the area for patients who needed support with mental health. These services were hosted by the practice and there was a dedicated GP who held joint clinics with them to ensure patients received holistic care.

- The practice had carried out an opioid reduction scheme for patients with poor mental health, through which 46% of patients taking part were found to be on appropriate medication and 54% had their medication stopped or reduced.
- The practice appointed a learning disabilities and dementia nurse who carried out reviews of patients in conjunction with GPs who had specialised in mental health.

## 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:	
<p>Home visits were triaged and performed either by the practice community practitioners or by the duty doctor. The practice had been able to increase the number of home visits they carried out by employing community practitioners to assist the GPs.</p> <p>We checked the practice's appointment system in real time at 2.41pm on the day of inspection. The next same-day GP appointment was at 6.30pm (extended access offered by the practice). An urgent appointment with a nurse practitioner was available at 3.30pm, and telephone appointments with a paediatric nurse (2.45pm) and GP (4.45pm) were also available. The next routine face-to-face GP appointment (other than extended access) was available at 3.10pm on Thursday 14<sup>th</sup> February.</p> <p>The practice had carried out an audit of appointments, after which they had employed more treatment room nurses and increased the length of ECG appointments to 20 minutes. Standard GP appointments had also been increased from 10 to 15 minutes. Double appointments were available for those who needed them, as were 10-minute appointments for patients who needed a quick review.</p>	

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)	83.1%	N/A	70.3%	No statistical variation



Indicator	Practice	CCG average	England average	England comparison
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)	72.4%	67.6%	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)	78.9%	65.9%	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)	77.9%	75.1%	74.4%	No statistical variation

Source	Feedback
For example, NHS Choices	Patients we spoke to or who left comment cards or reviews on NHS Choices stated they were happy with access to the service. Patients told us they were always able to get an appointment when they needed one.

## 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.	25
Number of complaints we examined.	5
Number of complaints we examined that were satisfactorily handled in a timely way.	5
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	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
Explanation of any answers and additional evidence: The practice recorded verbal as well as written complaints. Of the 25 complaints received in the last year, 12 were formal written ones, 13 were verbal. All were investigated and we saw that in all cases patients were informed of the outcome.	

Example(s) of learning from complaints.

Complaint	Specific action taken
Patient was missed off the telephone appointment list by mistake and did not receive a call.	Apology given to patient and a new appointment was offered. The process for adding patients to the call list was changed.
Patient unhappy with care received at practice.	The practice wrote to the patient and offered a face-to-face meeting to discuss. All staff were informed of the incident and a meeting was booked with the local ambulance service, as the patient had been awaiting ambulance transfer to hospital.

## Well-led

## Rating: Outstanding

We rated the practice as outstanding for leadership due to the way in which they had managed the challenges they had faced since the last inspection, and the culture of collaboration and high-quality, person-centred care they had embedded.

### 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 had experienced a number of challenges since the last inspection. These included the loss of four GP partners and a practice manager. Staff sickness and financial issues had also had an impact. However, rather than being detrimental to the practice, the leadership in the practice tackled these challenges in innovative ways to drive and improve the delivery of high-quality, person-centred care. The practice had sought to recruit alternative staff roles, such as advanced nurse practitioners, specialist nurses (such as a learning disabilities and dementia nurse and paediatric nurses), community practitioners and a care coordinator. They had also changed their management structure to delegate tasks across the administrative team, and had promoted existing staff to new roles, such as assistant practice manager.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y

## 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.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• There were high levels of staff satisfaction. Staff told us they were proud of the organisation as a place to work and spoke highly of the culture. There were consistently high levels of constructive staff engagement and staff at all levels were actively encouraged to raise concerns.</li> <li>• The practice manager performed a "morning walk" every day, whereby they would walk around the practice speaking to staff, asking how they were, and checking to see if there were any concerns. Staff we spoke to told us this openness from the manager and concern for their well-being was appreciated.</li> <li>• We saw multiple examples of staff being given additional training in their roles or being promoted within the organisation. Members of the of administrative and reception team had been promoted to assistant practice manager and reception manager at young ages in recognition of their work.</li> <li>• The practice actively encouraged a team atmosphere. They held daily whole practice lunches where staff could get together informally, and we were told these were well-attended and appreciated. Bi-annual parties were also held for staff at the practice.</li> <li>• We were told that the practice ensured medical students at the practice were given a space and time to pray.</li> </ul>	

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

Source	Feedback
Staff interviews	Staff at the practice told us they felt supported and fully involved with the running of the practice.

## 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:

A number of changes had been made to the reception team to reduce pressure on them. This included extra hours being added to the medicines management team so they receptionists no longer had to handle complex prescription enquiries. Receptionists also received training from the medicines management team on handling routine enquiries. There was also a lead GP assigned to reception staff so they had someone they knew they could always approach with concerns.

### 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.	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

Explanation of any answers and additional evidence:

The practice had made changes in response to staff sickness and the need to recruit new members of staff. For example:

- Return to work interviews were introduced for staff who had been off work with sickness. A new method of monitoring staff sickness – the Bradford Factor - was also introduced, in order to be able to offer more support to staff who frequently took short absences. This created a weighting for staff sickness so that multiple short absences were flagged up more than long periods of absence. We were told that while long absences could be managed, the number of one-day absences being taken was having an impact on staff. Since using this method and offering support to people with multiple absence the practice had reduced the number of one-day absences by 40% since 2016.
- In order to retain current staff and recruit new people the practice increased holiday allowance for staff and improved sick pay allowances for long-term absences by 50%.

## 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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>All telephones had been moved from the reception desk to a back office following staff feedback. A privacy pod had also been built in reception due to staff feedback.</li> <li>The practice had recruited new staff, such as a care coordinator, in response to feedback on the National GP Patient Survey.</li> <li>We saw the practice held whole practice meetings.</li> <li>There was a secure messaging system in place to communicate with staff. This included a “management pool” where staff could write notes to be discussed at meetings.</li> <li>We had feedback from multiple external partners who told us that the level of engagement from staff at Maryport Group Practice was greater than that offered by other practices they worked with. We saw examples of this in action, such as the joint clinics held with a group from a local secondary care trust. The practice had also been heavily involved in supporting the continuation of services at the local cottage hospital.</li> </ul>	

## Feedback from Patient Participation Group.

Feedback
Feedback from the patient participation group was positive about the way in which the practice worked with them. They told us that information was shared with them before the meetings, and there was the chance for patients to add items to the agenda. We were told that the practice listened and was open to

feedback, and that they kept patients informed about changes at the practice. We were told that new staff members attended the group to introduce themselves when they started at the practice.

### Any additional evidence

The practice had a well-used Facebook page which they used to help with recruitment. A recent advert on the page for a receptionist vacancy attracted over 1,000 responses.

### 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:	
<p>In order to meet the challenges posed by staff members leaving and a significant financial setback, the practice had been proactive in looking for alternative streams of funding to be able to diversify their staff group. For example, they had successfully bid to offer extended access appointments to offer more choice to patients and increase funds.</p>	

### Examples of continuous learning and improvement

Despite financial and staffing challenges since the last inspection, the practice had:

- Appointed a care coordinator in response to National GP Patient Survey results which showed patients did not feel supported by services in the area;
- Recruited a learning disabilities nurse specifically to help care for and support this group of patients;
- By supporting and worked closely with a social enterprise scheme which aimed to support vulnerable and socially-isolated patients, they had reduced the number of GP attendances from this cohort from an average of 19 appointments per week to four, the approximate equivalent of one GP session;
- Carried out an audit of appointments, after which they had employed more treatment room nurses and increased the length of ECG appointments to 20 minutes. Standard GP appointments had also been increased from 10 to 15 minutes;
- Built a “privacy pod” – a separate room at the end of the reception desk where patients could speak to reception staff privately. This was in response to staff and patient feedback, as there were no rooms close to reception for receptionists to use to speak to patients;
- Introduced a new method of monitoring staff sickness – the Bradford Factor – in order to be able to offer more support to staff who frequently took short absences. This had reduced the number of one-day absences by 40% since 2016;

- Assigned a lead GP to reception staff so they had someone they knew they could always approach with concerns;
- Worked closely with a project run by the local secondary care trust to help reduce the number of repeat attenders at the practice. While this project worked with a number of practices across the CCG area, we were told by staff at the trust that Maryport Group Practice had been extremely keen to host this service and was the only one to provide a dedicated lead GP to the project and to hold joint clinics with them.



## 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.