

# Care Quality Commission

## Inspection Evidence Table

### Kingsway Surgery (1-542839072)

Inspection date: 03 April 2019

Date of data download: 11 March 2019

## Overall rating: Good

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

### Safe

**Rating: Good**

#### Safety systems and processes

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

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

<b>Safeguarding</b>	<b>Y/N/Partial</b>
risk of harm. The practice had a positive working relationship with the midwife.	

<b>Recruitment systems</b>	<b>Y/N/Partial</b>
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Partial*
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Yes
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
Explanation of any answers and additional evidence: *Two staff files we looked at did not contain evidence of a reference. Practice leaders we spoke with told us a previous staff member requested references which had been provided but this information was not stored within the staff files. On the day of the inspection the practice followed this up straightaway and requested references, evidence of which was received the following day.	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: 31/08/18	Yes
There was a record of equipment calibration. Date of last calibration: 17/04/18	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: 02/01/19	Yes
There was a log of fire drills. Date of last drill: 29/03/19	Yes
There was a record of fire alarm checks. Date of last check: 01/04/19	Yes
There was a record of fire training for staff. Date of last training: 05/12/18	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: March 2019	Yes

Actions from fire risk assessment were identified and completed.	N/A*
Explanation of any answers and additional evidence: *Fire risk assessment had been completed by an external assessor and the report had not been received yet. Actions had been completed from previous risk assessments.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: 18/02/19	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: 18/02/19	Yes

## Infection prevention and control

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

	Y/N/Partial
There was an infection risk assessment and policy.	Yes
Staff had received effective training on infection prevention and control.	Yes
Date of last infection prevention and control audit: 27/03/19	Yes
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: The infection prevention and control lead had completed training and received annual updates. The practice had a three year refurbishment plan to update the practice. This included a timeframe for issues to be completed.	

## Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Yes
There was an effective induction system for temporary staff tailored to their role.	Yes
Comprehensive risk assessments were carried out for patients.	Yes
Risk management plans for patients were developed in line with national guidance.	Yes
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Yes
Clinicians knew how to identify and manage patients with severe infections including	Yes

sepsis.	
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Yes*
There was a process in the practice for urgent clinical review of such patients.	Yes**
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Yes***
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Yes
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>*All staff had received appropriate training to help them identify patients who may be at risk of deterioration or sepsis.</p> <p>**The on-call GP was available for staff to consult who had concerns about an unwell patient.</p> <p>***We saw sepsis assessment equipment was available including a paediatric pulse oximeter.</p>	

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes*
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>*We saw evidence the practice reviewed test results promptly and had an effective system in place when GPs were unavailable to review their own patients. Abnormal test results were prioritised and the GP followed up with the patient. Referral letters were completed using template software which was integrated with guidelines.</p>	

## 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)	0.79	0.89	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	6.8%	10.4%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	4.84	5.19	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)	2.68	2.36	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.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Yes
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Yes
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Yes*
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes

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.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes**
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks 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.	Yes***
For remote or online prescribing there were effective protocols for verifying patient identity.	Yes
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels and expiry dates.	Partial****
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Yes
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Yes
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Yes
Explanation of any answers and additional evidence: *ANPs received weekly clinical supervision and GPs were accessible for advice and support. **All prescribed controlled drugs were monitored by the GPs and Pharmacist. ***The practice carried out antibiotic audits. ****The practice did not have a risk assessment for emergency medicines not stocked by the practice. However, one was completed and provided during the inspection. We saw two emergency medicines which were not stocked were ordered straightaway and were stocked within one day of the inspection.	

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

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

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Yes
Staff knew how to identify and report concerns, safety incidents and near misses.	Yes
There was a system for recording and acting on significant events.	Yes
Staff understood how to raise concerns and report incidents both internally and externally.	Yes
There was evidence of learning and dissemination of information.	Yes

Number of events recorded in last 12 months:	5
Number of events that required action:	5
Explanation of any answers and additional evidence: The significant event policy was reviewed September 2018 and covered all relevant areas. We saw significant events were discussed in team meetings and actions were taken promptly to prevent re-occurrence.	

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

Event	Specific action taken
MMR 2 <sup>nd</sup> injection given too early – patient immunocompromised.	Practice discussed with parents and hospital consultant – no harm. As a result, the practice has added alerts to the IT system to confirm the vaccination dates.
INR low – on call clinician not trained for warfarin. Treatment provided on the next day – no harm to patient.	The practice now has two trained INR GPs and all GPs will be trained in future.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Yes
Staff understood how to deal with alerts.	Yes
Explanation of any answers and additional evidence: The practice recorded and discussed safety alerts at clinical meetings. If action was required, the pharmacist arranged patient searches and the GPs discussed and followed up with patients.	

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes*
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: *NICE and local guidelines had been built into software which integrated with the practice system and database.	

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) (NHSBSA)	0.69	0.62	0.81	No statistical variation

## Older people

## Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>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.</li> <li>The practice provides a specialist Frailty Clinic run by one of the GP partners. The practice offers longer appointments to facilitate patient needs and provides patients with local information and a locally produced dementia services guide if appropriate. The Integrated Care Coordinator worked closely with the GP to provide a holistic approach to patient care.</li> <li>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.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental and</li> </ul>

communication needs.

- Health checks were offered to patients over 75 years of age. The patients provided blood for a test prior to the health check, the HCA carried out the health check and the GPs assessed and dealt with any resulting health-related issues.

## 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. Nurses who reviewed patients with long-term conditions, completed chronic disease modules.
- 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) (QOF)	67.6%	79.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	7.1% (47)	12.0%	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)	51.7%	76.4%	77.7%	Significant Variation (negative)
Exception rate (number of exceptions).	8.9% (59)	11.1%	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)	66.1%	81.2%	80.1%	Variation (negative)
Exception rate (number of exceptions).	9.2% (61)	15.0%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) (QOF)	62.8%	74.0%	76.0%	Variation (negative)
Exception rate (number of exceptions).	5.6% (27)	10.1%	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)	93.6%	92.0%	89.7%	No statistical variation
Exception rate (number of exceptions).	26.2% (39)	15.2%	11.5%	N/A

Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	66.8%	81.7%	82.6%	Significant Variation (negative)
Exception rate (number of exceptions).	2.7% (45)	4.9%	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)	92.8%	94.3%	90.0%	No statistical variation

Exception rate (number of exceptions).	1.3% (2)	7.2%	6.7%	N/A
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### Any additional evidence or comments

Practice leaders we spoke with told us QOF indicators had been adversely affected by the practice's circumstances in the previous year. The practice had been understaffed by both GPs and nurses and locum use had been increased. There had also been challenges around access to appointments and the recall system. Over the last year the practice has recruited additional clinical staff and has overhauled the appointment and recall systems. There were clinical leads for frailty, learning disability and palliative care and they worked closely to better manage patient care.

We saw evidence the practice QOF rates had significantly increased for the QOF year (01/04/2018 to 31/03/2019) (unverified). For example, 82.3% of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less had been reviewed, compared to 66.8% for the previous year. The average rate for the seven long term condition indicators above has increased from 71.6% (01/04/2017 to 31/03/2018) to 85.8% (01/04/2018 to 31/03/2019).

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates were in line with 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.
- The practice provided full contraception services at the branch surgery site.
- Young people could access services for sexual health and contraception.
- All nurses completed contraceptive pill checks.

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)	125	133	94.0%	Met 90% minimum (no variation)
The percentage of children aged 2 who	88	94	93.6%	Met 90% minimum

have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) (NHS England)				(no variation)
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)	87	94	92.6%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	87	94	92.6%	Met 90% minimum (no variation)

### Any additional evidence or comments

Nurses and the administration team monitored attendance and contacted the parents to encourage attendance.

### 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 were invited by letter, text and were called.
- 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. Seventy-one per cent of patients were registered in this way.

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)	71.0%	77.1%	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)	70.6%	78.0%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage,	57.6%	62.0%	54.5%	N/A

%(01/04/2017 to 31/03/2018) (PHE)				
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) (QOF)	10.3%*	65.0%	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)	58.1%	54.6%	51.9%	No statistical variation

### Any additional evidence or comments

Practice leaders we spoke with told us cancer checks had been carried out but patients had been coded incorrectly. We saw unverified data showed 100% of patients with cancer, diagnosed within the preceding 15 months, had received a patient review within six months of the date of diagnosis (01/04/2018 to 31/03/2018) (QOF). The practice now had a cancer champion who checked coding to ensure data was accurate.

### 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 ANP ran a Palliative care clinic and visited patients and their families at home. This allowed GP support to be delayed until the last two weeks of care.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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. It coded records for use of misused substances. Patients were able to self-refer to substance misuse support services.
- The practice reviewed patients with autism and profound and multiple learning disabilities at a local residential home. The specialist learning disability nurse carried out yearly reviews and flu vaccinations. We saw examples of outstanding practice as she had engaged with the residents more frequently to promote trust and to enable a necessary procedure to be carried out which had not been previously possible. This had led to other residents also feeling more able to trust her and as a result had been able to tolerate treatments they may not have been able to receive.
- Practice staff had developed an easy read health check leaflet and easy read flu vaccination invitation letter for patients with learning disabilities.

**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. Clinicians reviewed the suicide risk for patients experiencing mental ill health, particularly depression.
- 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. Patients with dementia were referred to memory clinics.
- The practice employed a Mental Health ANP who provided specialist mental health support to patients.
- The practice offered a weekly clinic for patients with psychosis.
- All staff had received dementia training in the last 12 months.
- The practice was a dementia friendly practice.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	97.0%	89.5%	Variation (positive)
Exception rate (number of exceptions).	47.9% (23)	47.0%	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)	90.3%	95.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	35.4% (17)	40.9%	10.5%	N/A
The percentage of patients diagnosed with dementia whose care plan has been	64.4%	80.8%	83.0%	No statistical variation

reviewed in a face-to-face review in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)				
Exception rate (number of exceptions).	3.3% (2)	9.5%	6.6%	N/A

#### Any additional evidence or comments

Practice leaders we spoke with told us they had experienced coding issues in the previous year. Unverified QOF Mental Health indicators (01/04/2018 to 31/03/2019) showed the practice had achieved 23.8 points out of 26 available.

The practice overall QOF score was 531 out of a maximum 545 for 01/04/2018 to 31/03/2019 (unverified).

### 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)	459.5	544.0	537.5
Overall QOF exception reporting (all domains)	6.1%	5.7%	5.8%

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

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

- Controlled drug audit March and November 2018 demonstrated the practice was fully compliant.
- Tonsillitis audit March and November 2018 showed all clinicians were following the Fever Pain Protocol.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes*
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Yes**
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Yes
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>*Practice leaders we spoke with told us they were very supportive of staff learning new skills. Staff who wanted to progress and develop within the practice were able to move to new roles. For example, staff had moved from reception, to administration and to practice leadership roles. Staff we spoke with told us how they were supported throughout their training and development by senior staff on a weekly basis.</p> <p>**We saw staff received and engaged with regular appraisals.</p>	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Yes
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Yes
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Yes

Patients received consistent, coordinated, person-centred care when they moved between services.	Yes
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Yes

## 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.	Yes
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Yes*
Staff discussed changes to care or treatment with patients and their carers as necessary.	Yes
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.	Yes
Explanation of any answers and additional evidence: *Staff we spoke with told us they had been involved in the Don't Fear The Smear Campaign.	

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>	92.5%	94.7%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.9% (21)	1.0%	0.8%	N/A

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: We saw evidence clinicians sought and gained consent for minor surgery.	

## 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.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: We saw clinicians responded to the need of families when a response for a death certificate was required within 24 hours for religious reasons.	

CQC comments cards	
Total comments cards received.	32
Number of CQC comments received which were positive about the service.	24
Number of comments cards received which were mixed about the service.	8
Number of CQC comments received which were negative about the service.	0

Source	Feedback
Comment card	Patients reported excellent care, with dignity and respect shown to them by practice staff.
Comment card	Feedback included comments that staff were caring and listened to the patient's needs.
Patient interview	Patients we spoke with told us they valued the GPs who worked at the practice and were happy with the service.

## 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
10385	268	102	38.1%	0.98%

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)	78.2%	89.2%	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)	69.2%	87.7%	87.4%	Variation (negative)
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)	87.4%	95.9%	95.6%	Variation (negative)
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)	37.3%	84.0%	83.8%	Significant Variation (negative)

### Any additional evidence or comments

Practice leaders we spoke with told us they had responded proactively to negative feedback from patients in the GP Patient Survey. Following a period of change in which the previous partners left and the current partners took over, major changes had taken place. The practice had recruited additional GPs and ANPs, had committed to training all staff regularly in improving customer service and had changed the automated telephone service and the appointment system. The practice had committed to improving patient feedback and had worked closely with the CCG on an action plan. Patients had been asked for their feedback several times in the last year following changes so the practice could assess whether the changes had led to improvements for patients.

Significant changes took place in September 2018 which included an amended telephone system with an increased number of appointment slots including pre-bookable. The changes were advertised in the local newspaper, local pharmacies and the practice newsletter.

We saw evidence negative Friends and Family feedback had decreased in the six months prior to the inspection. Feedback remained consistently positive and patients were likely or extremely likely to recommend the practice.

The practice decided to send an email or letter to all patients in March 2019 to advise them how the appointment system worked following further changes. Changes had included removing the automated telephone booking system, an increase in online booking appointments and a telephone triage for patients requesting a same day appointment when there were no slots available. Other information included areas patients could self-refer to such as physiotherapy, podiatry and stopping smoking. The letter explained the role of the PPG and how patients could become more involved.

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

### Any additional evidence

The practice carried out a minor operation feedback survey. Feedback was positive; one comment led to the practice developing a wound care leaflet.

### Involvement in decisions about care and treatment

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

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

Source	Feedback
Interviews with patients.	Patients we spoke with told us they felt involved in their care and treatment and clinical staff listened to them and respected their wishes. Patients told us GPs were also concerned about the patients' relatives and how their health had been affected.
Comment cards	Patient feedback included comments about how staff went the extra mile, they answered any questions, responded to requests for a call back and all the staff were helpful.

### 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)	79.2%	93.8%	93.5%	Variation (negative)

### Any additional evidence or comments

We saw patient feedback was welcomed and responded to by practice leaders. The action plan and resulting changes demonstrated the practice involved patients, listened to their comments and actively responded to make improvements. The practice monitored patient feedback and reviewed how well the changes were working from the patients' viewpoint before considering further actions.

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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 166 carers which was approximately 1.5% of the patient list.
How the practice supported carers.	The practice had a carers champion who provided information and signposted patients and their families if they needed additional support.
How the practice supported recently bereaved patients.	The practice sent a card and wrote to recently bereaved patients and offered them an appointment or signposting for bereavement services.

## Privacy and dignity

### The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes*
Explanation of any answers and additional evidence: *The practice had a low barrier to guide patients to stay back to promote confidentiality in the reception area.	

## Responsive

**Rating: Good**

### Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes*
The practice made reasonable adjustments when patients found it hard to access services.	Yes**
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>*Practice leaders had moved the minor injury service to the branch as the room was more suitable for this purpose. The practice reception contained some fixed seating and some was changed to better accommodate different patient need.</p> <p>Reception staff updated the board in reception to notify patients which clinician appointments were running late.</p> <p>**The practice was dementia friendly so patient information signs were in line with best practice. The practice sought advice from charities with experience of supporting blind and deaf people to improve communication and the patient experience. Patients with additional needs had an agreement to contact the practice by email.</p>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	08:00am to 6:30pm
Tuesday	08:00am to 6:30pm
Wednesday	08:00am to 6:30pm
Thursday	08:00am to 6:30pm
Friday	08:00am to 6:30pm
Appointments available:	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Appointments were available between 8:40am and 11:30am and 2:50pm to 5:30pm.	Extended hours appointments were available Monday and Friday from 7:10am and Monday, Tuesday and Friday 6:30pm to 7:30pm.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10385	268	102	38.1%	0.98%

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)	84.0%	95.1%	94.8%	Variation (negative)

### Any additional evidence or comments

The practice had recruited GPs and ANPs, had improved the telephone system, trained staff and amended the appointment system following patient feedback. Since the changes, patient feedback had improved significantly but the practice was monitoring this.

### 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.
- In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

### People with long-term conditions

### Population group rating: Good

#### Findings

- Patients with multiple conditions had their needs reviewed in one appointment wherever possible or concurrent appointments.
- 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 employed a Palliative Care ANP to lead in this area.

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

**Population group rating: Good**

### **Findings**

- Additional nurse appointments were available from 7:15am on Monday and Friday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. 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.
- The practice was open until 7:30pm on Tuesday evening and from 7:15am on Monday and Friday.
- Flu clinics were provided at the weekend.
- The travel clinic was held at a set time and day of the week which enabled working age people to plan ahead.
- The practice offered online services including online appointment booking and prescriptions and record access and insurance letters.

## **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. For example, by offering longer appointments and home visits.

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

**Population group rating: Good**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice employed a Mental Health ANP who cared for patients with poor mental health.
- 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.	Yes*
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Yes
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Yes
Explanation of any answers and additional evidence: *The on-call GP triaged more urgent calls from patients. Practice leaders we spoke with told us there was more flexibility with appointments as there were more GPs, ANPs and practice nurses.	

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)	24.3%	N/A	70.3%	Significant Variation (negative)
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)	25.0%	64.3%	68.6%	Significant Variation (negative)
The percentage of respondents to the GP	32.2%	63.7%	65.9%	Significant Variation

Indicator	Practice	CCG average	England average	England comparison
patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)				(negative)
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)	42.1%	72.2%	74.4%	Significant Variation (negative)

#### Any additional evidence or comments

Since the new practice leadership team had taken over, wholesale changes had been implemented to improve patient access. Additional GPs had been recruited, some of whom were due to become partners and ANPs with specialities had joined the practice. Patient feedback had led to other changes being made such as an improved telephone system and a change to appointments. Recently, the practice had introduced a duty GP. The GP used a telephone triage system to assess patients who wanted a same day appointment when there were none remaining.

On the day of the inspection we saw appointments were available same day for the duty GP, and for GPs and ANPs the following day and pre-bookable appointments for both were available a week ahead.

Source	Feedback
NHS Choices	No feedback had been left in the last three months. In the previous three months, feedback was mixed with some patients noticing an improvement in the practice delivery with other patients commenting on the poor appointment booking system.

#### 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.	54
Number of complaints we examined.	4
Number of complaints we examined that were satisfactorily handled in a timely way.	4
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Yes*
Explanation of any answers and additional evidence: *The practice had changed their appointment system after patients had complained for which there was	

a positive impact. We saw practice leaders welcomed feedback from patients and acted upon it even when it was not labelled as a complaint. For example, a patient highlighted a concern using the Friends and Family Feedback process and the practice treated this as a complaint and provided a full response.

Examples of learning from complaints.

Complaint	Specific action taken
Patient complained as they were texted two separate appointment times and dates. One appointment was for a different patient with a similar name.	The practice responded to the complaint quickly, with an apology and provided information about the action taken as a result which was to provide customer service training. Staff were reminded to check patient details.
Patient complaint referred to the attitude of the receptionist.	The patient was written to and an apology was offered. The response included actions taken which included additional training, discussion of the equal opportunities policy at the team meeting and changes to the appointment system.

## Well-led

**Rating: Good.**

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes*
There was a leadership development programme, including a succession plan.	Yes**
Explanation of any answers and additional evidence: *Staff we spoke with told us they had lots of support, with an open-minded leadership team and a no-blame culture. **All staff were developed to enable them to move roles within the practice. Any roles which staff were carrying out who were near retirement, was considered in order to be able to provide cover.	

### Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Yes
There was a realistic strategy to achieve their priorities.	Yes*
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Yes
Staff knew and understood the vision, values and strategy and their role in achieving them.	Yes**
Progress against delivery of the strategy was monitored.	Yes
Explanation of any answers and additional evidence: *Practice leaders we spoke with told us they had applied and been successful to be both a teaching and research practice. **Staff confirmed they put the patient first and worked closely with the locality to do this. They were a caring practice and wanted to carry on improving.	

## Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Yes
Staff reported that they felt able to raise concerns without fear of retribution.	Yes*
There was a strong emphasis on the safety and well-being of staff.	Yes
There were systems to ensure compliance with the requirements of the duty of candour.	Yes
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Yes
Explanation of any answers and additional evidence: *Staff we spoke with confirmed there was a team approach to all incidents and senior staff were very approachable.	

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

Source	Feedback
Staff interview	Changes made over the previous year had improved the culture and staff wellbeing. There was now an open culture and investment in staff development and improved morale.

## Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Yes*
Staff were clear about their roles and responsibilities.	Yes**
There were appropriate governance arrangements with third parties.	Yes***
Explanation of any answers and additional evidence: *There was a clear organisational structure and staff knew who to approach for support. **Staff had defined roles and the practice had lead areas for clinicians. ***The practice had implemented policies which included third party agreements such as patient access and GDPR.	

## Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Yes
There were processes to manage performance.	Yes
There was a systematic programme of clinical and internal audit.	Yes*
There were effective arrangements for identifying, managing and mitigating risks.	Yes
A major incident plan was in place.	Yes
Staff were trained in preparation for major incidents.	Yes
When considering service developments or changes, the impact on quality and sustainability was assessed.	Yes
Explanation of any answers and additional evidence: *The practice had a programme of audit which they used to drive improvement. Minor surgery audits had resulted in a suggestion for post-operative information. The practice had responded by developing a practice information leaflet.	

## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Yes*
Performance information was used to hold staff and management to account.	Yes
Our inspection indicated that information was accurate, valid, reliable and timely.	Yes
There were effective arrangements for identifying, managing and mitigating risks.	Yes
Staff whose responsibilities included making statutory notifications understood what this entails.	Yes
Explanation of any answers and additional evidence: *Practice leaders we spoke with told us they used the GP Patient Survey to adjust and improve performance. Clinical data including medicines management data was discussed and informed the practice if improvements were required. The practice used data to review their prescribing budget and this compared favourable to other locality practices.	

## Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Yes*
Staff views were reflected in the planning and delivery of services.	Yes
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Yes**
Explanation of any answers and additional evidence: *Patient feedback had led to improved services including better trained staff and a decrease in negative feedback around access. **The practice worked closely with the CCG and other stakeholders to improve quality.	

Feedback from Patient Participation Group.

Feedback
The PPG met regularly with patients and listened to their concerns and feedback. They also saw their role as helping patients to use practice services differently. For example, by accessing ANPs and PNs instead of seeing a GP and using online services. We saw the practice and the PPG held regular meetings and discussed ways to improve services.

## 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.	Yes*
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence: *Patient feedback about access had been listened to and practice leaders regularly assessed whether changes made were working sufficiently well. Changes had been made to improve access and the practice continually reviewed progress by asking patients if access had improved.	

## Examples of continuous learning and improvement

The practice provided regular customer service training to all staff as practice leaders valued effective communication whatever the staff role.
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## 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.