

# Care Quality Commission

## Inspection Evidence Table

### Dr Bell & Partners (1-555775025)

Inspection date: 20 March 2019

Date of data download: 07 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

Recruitment systems	Y/N/Partial
Recruitment checks were carried out in accordance with regulations (including for agency staff and locums).	Yes
Staff vaccination was maintained in line with current Public Health England (PHE) guidance and if relevant to role.	Partial
There were systems to ensure the registration of clinical staff (including nurses and pharmacists) was checked and regularly monitored.	Yes
Staff had any necessary medical indemnity insurance.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>Staff vaccinations' status for hepatitis had been checked and staff were offered annual flu vaccinations. However, the practice needed to check that staffs' vaccination status was maintained fully in line with Public Health England (PHE) guidance.</p>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test: August 2018	Yes
There was a record of equipment calibration. Date of last calibration: July 2018	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: 28/02/2019	Yes
There was a log of fire drills. Date of last drill: 25/10/2018	Yes
There was a record of fire alarm checks. Date of last check: 13/03/2019	Yes
There was a record of fire training for staff. Date of last training: Training dates were different for individual staff and we saw this was recorded in individual training records.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: 14/10/2018	Yes
Actions from fire risk assessment were identified and completed.	No actions required

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: Provider was unable to access the risk assessment during the inspection.	Partial
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: Provider was unable to access the risk assessments during the inspection.	Partial
Explanation of any answers and additional evidence: The practice shared the premises with two other practices and there was a caretaker and a buildings manager who were responsible for undertaking risk assessments for the health centre. The records were kept centrally and some of these could not be accessed during the inspection. We discussed this with the practice manager and they told us they were going to undertake practice specific health & safety, security and fire risk assessments in addition to the ones done by the caretaker. We received confirmation following the inspection that the fire risk assessment had been carried out and reviewed	

annually.

## 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: 9/10/2018	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

## 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 sepsis.	Yes
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

## 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

## 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>	0.79	0.98	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>	3.9%	5.8%	8.7%	Variation (positive)
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) <small>(NHSBSA)</small>	5.94	5.70	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) <small>(NHSBSA)</small>	2.99	3.35	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

Medicines management	Y/N/Partial
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
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
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
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.	Yes
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



## 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.	Partial
Number of events recorded in last 12 months:	5
Number of events that required action:	5
<p>Explanation of any answers and additional evidence:</p> <p>Analysis of incidents was not sufficiently detailed, therefore opportunities for learning and improvement were not fully utilised. Lessons were shared with the staff involved in individual incidents however staff told us learning from incidents was not always shared with the wider team.</p> <p>The practice did not monitor themes and trends which would highlight if similar incidents kept occurring and if learning from previous incidents had being embedded into practice to prevent reoccurrence.</p> <p>The practice had employed a pharmacist who supported the GPs with medication reviews, repeat prescribing and changes in medication following patients' discharge from hospital or out-patient attendances.</p> <p>The practice had introduced a staff newsletter in January 2019. We saw that feedback on how the new signposting system was improving patient care was shared with all staff in the practice newsletter.</p>	

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

Event	Specific action taken
Medication was recommended for a patient and issued, a letter from a consultant was received and medication issued again by a different GP. Two prescriptions had been issued.	Discussed with both GPs & the patient, additional medication was stopped.
On discharge from hospital a patient was given an increase of regular medication. The patient continued to take their old 2.5mg dose as well as the new 5mg dose. Discovered when follow up blood test results were abnormal.	GPs were made aware and the medication not required was removed from the repeat prescription list. Patient was informed and advised of the correct dose to be taken.

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

## 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

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>	0.46	0.75	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. Patients identified as frail were categorised as mild, moderate or severely frail. The top 2 % of the severe category were looked at every month and sent a standard letter with information on the summary care record and the falls clinic. They were encouraged to get in touch with the practice if they had had falls in the last 12 months. These patients had an alert on their records and this was reviewed at every contact as well as during annual health checks.
- Patients in this group had annual health reviews and clinical staff made referrals to multidisciplinary teams including the falls team, social services, district nurses and link workers. Staff also had access to a rapid response service to assist in avoiding admissions.
- GPs and nurse practitioners conducted home visits when required, for example for annual reviews and flu vaccinations.
- Do not attempt resuscitation decisions were recorded on patient records and were available to the

out of hours and ambulance services.

- 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. Following every discharge, a medication review was undertaken by the pharmacist.
- 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.
- Every patient had a named GP and a 'usual' GP which allowed flexibility and enabled patients to see the GP of their choice.

## People with long-term conditions

Population group rating: Good

### Findings

- Patients with long-term conditions (LTCs) had six-monthly reviews with nursing staff and an annual medication 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. Nursing staff had lead roles for long-term conditions.
- Longer appointments were available with nurses for LTC reviews as appropriate, for example, patients who had more than one LTC.
- Referrals were made to other services as appropriate, for example, live well, exercise on prescription, living with diabetes, stop smoking clinic and health trainers
- Influenza, pneumococcal and shingles vaccinations were offered to this group of patients. Opportunistic smoking cessation advice and screening for dementia and depression was carried out during LTC reviews.
- Support was offered to patients with a LTC who were carers and to relatives/friends of patients with a LTC who were carers.
- Home visits for housebound patients were carried out for LTC reviews, INR testing, influenza and pneumococcal vaccinations.
- 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>	83.0%	79.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	9.3% (83)	13.3%	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>	86.6%	77.5%	77.7%	No statistical variation
Exception rate (number of exceptions).	8.3% (74)	10.1%	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) <small>(QOF)</small>	84.4%	81.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	20.1% (179)	16.3%	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%	75.0%	76.0%	No statistical variation
Exception rate (number of exceptions).	18.5% (145)	9.2%	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>	95.0%	86.1%	89.7%	No statistical variation
Exception rate (number of exceptions).	15.2% (57)	12.4%	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) (QOF)	90.4%	84.2%	82.6%	Variation (positive)
Exception rate (number of exceptions).	5.3% (129)	5.0%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	100.0%	90.7%	90.0%	Significant Variation (positive)
Exception rate (number of exceptions).	12.2% (41)	8.2%	6.7%	N/A

#### Any additional evidence or comments

There were a few exception reporting rates above 10% and above the local CCG and England average. We discussed this with the practice during the inspection and the practice had reviewed the reasons for this and identified any actions required. For example; patients with diabetes currently had two review appointments per year so if they did not attend they were excepted twice instead of just once. The practice was going to amend their procedure and only except patients once if they failed to attend. There were also a large number of patients with asthma who failed to attend for reviews. The practice was going to introduce telephone reviews for suitable patients with asthma.

### Families, children and young people

### Population group rating: Good

#### Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets. There was a GP lead for child health surveillance.
- 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. Children's A&E attendance letters were sent to the GP to review details of admission.
- Screening was available for sexually transmitted infections and chlamydia testing. Staff signposted young people as required to services for sexual health and contraception.
- The practice provided contraceptive advice, fitting and removal of implants and removal of coils.

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)	80	81	98.8%	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)	87	91	95.6%	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)	87	91	95.6%	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)	86	91	94.5%	Met 90% minimum (no variation)

### 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.
- All new patients registering with the practice completed a new-patient health questionnaire and were encouraged by reception staff to make appointments with nurses to discuss diet as well as healthy lifestyle if needed.
- The practice offered a range of services for this patient group including; health promotion advice, telephone medication reviews, travel vaccinations, minor surgery and cervical smears.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical	70.8%	78.1%	71.7%	No statistical

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)				variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	75.7%	78.2%	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)	57.7%	63.0%	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)	53.2%	70.0%	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)	55.4%	55.6%	51.9%	No statistical variation

### Any additional evidence or comments

The practice was aware of the need to encourage uptake of cervical smears amongst their patient population. Opportunistic screening for smears was offered to patients attending for other reasons.

### People whose circumstances make them vulnerable

Population group rating: Good

### Findings

- End of life care was delivered in a coordinated way which considered the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability. There was a lead GP for learning disabilities and one of the health care assistants had completed training to enable them to undertake annual reviews for patients on the practice learning disability register. Home visits were carried out for patients unable to attend the surgery.
- The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.
- The practice reviewed young patients at local residential homes.



**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.
- The practice pharmacist had an interest in opioid abuse and was currently working on reducing opiate prescribing in conjunction with the practice GP lead for medicines management (opioids are medicines that can be addictive).

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)	96.7%	90.7%	89.5%	No statistical variation
Exception rate (number of exceptions).	34.8% (32)	19.9%	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)	93.9%	90.9%	90.0%	No statistical variation
Exception rate (number of exceptions).	28.3% (26)	16.7%	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)	99.2%	82.3%	83.0%	Significant Variation (positive)
Exception rate (number of exceptions).	10.2% (15)	8.1%	6.6%	N/A

**Any additional evidence or comments**

The exception reporting rates for two of the mental health indicators was above 10% and above the local CCG and England average. We discussed this with the practice and they explained some patients

declined to attend for a review and a record of this was in their notes. If patients did not attend for their review they were all sent at least three letters to remind them that they needed to attend.

## 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)	558.1	541.8	537.5
Overall QOF exception reporting (all domains)	7.9%	6.0%	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

- An audit had been undertaken in June 2018 to check that patients who were taking medicines to thin their blood were being monitored in line with current clinical guidelines. This was to check that patients had an alert on their repeat medication list, a recall for blood tests on their records and that required blood tests were being done. The results showed that of 54 patients, 35 did not have an alert on their repeat medication list and seven did not have a recall for bloods on their records. The results showed that 51 of the 54 patients had had bloods tests monitored. The audit was repeated in September 2018 and 100% of patients had an alert on their repeat medication list and a recall for bloods on their records and all the patients had been recalled for blood tests.
- A review of referrals for cancer diagnosis had been undertaken to enable the practice to improve its cancer diagnosis rate through the two-week wait pathway. Between January 2017 and December 2017, 26% of patients were diagnosed through the two-week wait pathway. Between January 2018 to December 2018 this had improved to 44%.

## 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.	Partial
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>The nurse practitioner and nurse prescriber had regular supervision and feedback. Support and advice relating to their clinical practice was available daily and there were opportunistic reviews of their clinical records. However, no formal record was made of notes reviews or observation of their competencies.</p> <p>Staff had completed mandatory training however, refresher training was not completed at recommended intervals for fire safety, information governance and infection control. We discussed this with the new practice manager who was aware of this and had nominated a member of staff to monitor the on-line training tool to ensure staff completed training at the required intervals.</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

## 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

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>	96.1%	95.4%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.4% (13)	0.8%	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

# 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

CQC comments cards	
Total comments cards received.	12
Number of CQC comments received which were positive about the service.	11
Number of comments cards received which were mixed about the service.	0
Number of CQC comments received which were negative about the service.	1

Source	Feedback
Comments Cards	Patients said staff were helpful, friendly and treated them with respect. They described the service and care as good and excellent.
Patient questionnaires	We received completed questionnaires from 13 patients during the inspection. The feedback was positive with patients saying they were treated with respect and staff were kind.

## 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
10072	232	135	58%	1%

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)	85.9%	91.0%	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)	84.2%	90.2%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	96.6%	96.8%	95.6%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of their GP practice (01/01/2018 to 31/03/2018)	85.2%	87.8%	83.8%	No statistical variation



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

Any additional evidence
The practice asked patients to complete the Friends and Family survey. Results for January and February 2019 showed 85% of patients who responded said they would highly recommend or recommend the practice to others.

### 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
Comments cards and patient questionnaires	We received 12 comments cards and 13 completed questionnaires from patients during the inspection. The feedback was positive with patients saying they felt involved in their care and they were listened to.

### 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)	89.6%	95.4%	93.5%	No statistical variation

	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

Carers	Narrative
Percentage and number of carers identified.	The practice had identified 115 patients as carers, this was 1% of the practice list.
How the practice supported carers.	The practice included a carers' questionnaire in the pack for new patients and the questionnaires were available in the waiting area for existing patients. Information on local carers' support services was available, and staff were aware of how to signpost patients and their relatives for support through the care navigation scheme.  Three administration staff were undertaking additional training to become 'super users' for the care navigation scheme.
How the practice supported recently bereaved patients.	Staff contacted patients when they suffered a bereavement to offer support. There was no information on bereavement in the waiting area.

## 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: We saw there were plans in place to further improve privacy and confidentiality at the reception desk. An additional office space was being developed so all phone calls could be taken away from the main reception desk.	

## 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

Practice Opening Times	
Day	Time
Opening times:	
Monday	8.30am to 6pm
Tuesday	8.30am to 6pm
Wednesday	8.30am to 6pm
Thursday	8.30am to 6pm
Friday	8.30am to 6pm
Reception telephone lines were open from 8am	
Appointments available:	
Monday	8:30am to 5:30pm
Tuesday	8:30am to 5:30pm
Wednesday	8:30am to 5:30pm
Thursday	8:30am to 5:30pm
Friday	8:30am to 5:30pm

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
10072	232	135	58%	1%

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)	96.3%	96.6%	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>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.</li> <li>There was a medicines delivery service for housebound patients.</li> <li>The practice had an open-door policy with regards to face-to-face and telephone appointments. Patients could ring and request an appointment or visit. There was no waiting time for appointments and all requests were dealt with on the same day unless otherwise requested by the patient.</li> <li>There was a direct telephone line for care homes and for patients for emergencies.</li> </ul>

### People with long-term conditions

### Population group rating: Good

Findings
<ul style="list-style-type: none"> <li>Patients with multiple conditions had their needs reviewed in one appointment.</li> <li>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.</li> <li>Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.</li> <li>A retinal screening service was available at the practice so patients did not have travel to Hull or York hospitals for this.</li> </ul>

## **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.
- Appointments available with the nurses and GPs outside of school hours for children with minor ailments.
- The premises were suitable for children and babies in pushchairs.
- The practice actively supported the charity CRY (Cardiac Risk in the Young) and staff were involved in fund raising for the Bridlington Heart Screening Day, in partnership with a local school.

## **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 would soon be able to offer appointments on weekends and late evenings through the extended access service which was to be rolled out in Bridlington in April 2019.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Telephone consultations were available and a text message service to remind patients about appointments, picking up prescriptions and test results.

## **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.
- Staff were aware of the safeguarding children and adults team telephone numbers and protocols. There was a lead GP for safeguarding and arrangements for cover when the lead GP was away.
- The practice signposted patients who were socially isolated to various community resources to help support them and deal with social isolation. The practice referred patients to the community

link worker who helped patients deal with social isolation as well as offering advice on various issues such as managing finances, housing etc.

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

**Population group rating: Good**

Findings
<ul style="list-style-type: none"> <li>• Priority appointments were allocated when necessary to those experiencing poor mental health.</li> <li>• Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.</li> <li>• The practice was aware of support groups within the area and signposted their patients to these accordingly.</li> <li>• The practice liaised with the local Drug and Alcohol team (East Riding Partnership) to refer patients. They had close links with a local voluntary organisation which offered free counselling and help with alcohol addiction.</li> </ul>

**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

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)	62.1%	N/A	70.3%	No statistical variation
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	66.7%	70.9%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or	71.6%	68.4%	65.9%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)				
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)	78.6%	78.1%	74.4%	No statistical variation

### Any additional evidence or comments

The practice had introduced the 'care navigation' signposting system giving patients convenient access to the most appropriate health care professional. All patients were offered a same day appointment or were given telephone appointments if appropriate, which had freed up more same day appointments for the patients that needed to be seen face-to-face. When the patient arrived at the surgery, they would be seen by a health care assistant who would check their observations, i.e blood pressure and temperature and do any blood tests that had been requested by the GP. The GP would then see the patient and request any further investigation such as X-ray which were done at the local hospital. We saw two patients had been given same day appointments and then after being seen and having further investigations were referred to hospital where confirmed cancer diagnoses were made.

Feedback from patients on the new one-stop shop appointment system was very positive. One patient commented that they had blood tests and an x-ray all performed on the same day which had reduced the need for them to attend various appointments.

In response to results in the GP patient survey and feedback from patients the practice had commissioned a new telephone system that was due to be installed the week following the inspection. This would provide more lines into the practice and messages would direct patients to the most appropriate team to deal with their enquiry.

Source	Feedback
Comments cards and patient questionnaires	We received 12 comments cards and completed questionnaires from 13 patients during the inspection. Feedback was positive with patients saying they could get an appointment when they needed one and could make appointments with a male or female GP.

### Listening and learning from concerns and complaints

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

Complaints	
Number of complaints received in the last year.	2
Number of complaints we examined.	2
Number of complaints we examined that were satisfactorily handled in a timely way.	2

Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0
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	Y/N/Partial
Information about how to complain was readily available.	Yes
There was evidence that complaints were used to drive continuous improvement.	Partial
<p>Explanation of any answers and additional evidence:</p> <p>We looked at complaints that had been received in the past 12 months and found the responses could have been more structured. This would make it clearer to the complainant what the practice had done to address each of the points raised in a complaint and would ensure all areas had been addressed.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Following discharge from hospital a relative complained as no GP had visited their relative and they were waiting for a follow up appointment from another service.	The practice investigated the complaint and confirmed that appropriate follow-up care had been arranged for the patient and explained why routine regular home visits could not be provided. They also confirmed that a referral had been made for a follow-up appointment for another service and provided the contact details for the service.
A relative complained about the treatment of family members who were registered at the practice.	The practice investigated the complaint and met with the complainant to discuss their concerns and offered appropriate support.



## 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: There was no formal leadership development programme in place, however, the practice had undertaken succession planning. Following the retirement of two GP partners in the past two years the remaining GP partners had taken on lead roles for various areas in the practice. They had reviewed the staff skill mix and employed a pharmacist and a pharmacy technician who were now supporting the GPs with medicines management issues. A health care assistant had been appointed to support GPs with the new one-stop shop appointment process. Plans were in place to recruit additional nursing staff to enable the practice to continue to meet the needs of its patients.	

### 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: The practice had held an away day team building exercise in October 2017 where the GPs, staff and members of the Patient Participation Group had discussed the future of the practice and outlined their vision and strategy. We saw that the practice was implementing the strategy, however, the practice had yet to develop a detailed action plan showing who was responsible for progressing different areas of the strategy and dates for completion.	

## 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

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

Source	Feedback
Staff interviews and questionnaires	Staff told us the practice team worked well together and they supported each other. Staff said the GPs and practice manager were very supportive and approachable. Staff told us the GPs had fostered a team spirit.

## 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

## 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.	Partial
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:	
<p>The practice shared the premises with two other practices and there was a caretaker and a buildings' manager who were responsible for undertaking risk assessments for the health centre and the records were kept centrally. We discussed this with the practice manager and they told us they were going to undertake practice specific health &amp; safety, security and fire risk assessments in addition to the ones done by the caretaker. This would provide the practice with additional assurance regarding the management of risks.</p>	

## Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	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
Staff whose responsibilities included making statutory notifications understood what this entailed.	Yes

## 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

### Feedback from Patient Participation Group.

Feedback
<p>We spoke with four members of the Patient Participation Group (PPG) during the inspection. They told us the practice was very supportive and listened to the PPG, for example they had supported the PPG's signposting event that had been held in the health centre.</p> <p>We found that practice staff had good engagement with the PPG and involved them in developments at the practice, for example PPG members had attended the practice away team building day on October 2017.</p> <p>We saw a letter that the practice manager had written to the PPG informing them of changes that were taking place in the practice, for example, the new telephone system, the introduction of the text messaging service and plans for alterations and improvements to the practice and the wider health centre building. The practice manager also asked the PPG to let them know if there were any other observations or suggestions that they wanted to raise.</p>

### Any additional evidence

<p>Patients from the practice had participated in a CCG survey in March 2019 on the development of the general practice strategy. The practice had received feedback from the CCG to say 109 of their patients had returned survey questionnaires, the highest number of responses in the CCG area.</p>
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## 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.	Yes
Learning was shared effectively and used to make improvements.	Yes

## Examples of continuous learning and improvement

The practice had implemented new processes over the past two years to improve appointment capacity and access. For example, the practice had employed a health care assistant as a GP assistant. They supported the GP by completing baseline observations such as pulse, blood pressure, blood tests and ECGs prior to patients seeing the GP. This had increased capacity and created a one stop shop approach to appointments. A nurse had also been appointed to increase the number of appointments and home visits available for patients with minor ailments.

One of the GPs had submitted a research grant application to the CCG to conduct C Reactive Protein (CRP) testing prior to antibiotic prescribing, (CRP testing is a blood test that shows if there is inflammation in the body). The grant was approved. The practice was a pilot centre in winter 2018 for CRP testing prior to antibiotic prescribing. The results were analysed by the CCG and the report showed a significant reduction in the practice's antibiotic prescribing with the use of CRP as a point of care testing tool. Shortly after it was felt that this would be beneficial to all practices in the CCG and a wider study was commissioned to conduct CRP testing across five test sites in the CCG. The results were forwarded to the CCG to enable funding for a CCG wide programme for CRP testing prior to antibiotic prescribing. The practice pharmacist, who was also the CCG lead for medicines management had overseen the project.

The Practice was a member of Brid Inc Limited (a group consisting of the GP practices in Bridlington), and was working in partnership with other local practices, social services and community services to improve the health and wellbeing of the local population. Uniting healthcare was a key aim of Brid Inc Limited by bringing together the key individuals who created the health and social care services. Using strategies that had worked in other areas, Brid Inc Limited's' wish was to provide Bridlington with solutions to the unique healthcare needs in their area.

## 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.