

# Care Quality Commission

## Inspection Evidence Table

### Bodmin Road Health Centre (1-561122271)

Inspection date: 25 March 2019

Date of data download: 08 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:	

Safeguarding	Y/N/Partial
<ul style="list-style-type: none"> <li>We saw that child safeguarding had a high profile in the practice. The safeguarding lead at the practice was also the safeguarding lead for the Clinical Commissioning Group.</li> <li>There was a lead member of staff for both child and adult safeguarding issues.</li> <li>Health visitors attended at the practice monthly meetings.</li> </ul>	

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.	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: <ul style="list-style-type: none"> <li>*A member of staff had recently been promoted to reception supervisor and was involved in the recruitment and training processes for new and existing members staff. At the time of the inspection this role was in its infancy. The practice should ensure that its recruitment protocol includes the collection and retention of all necessary documentation as per relevant guidance.</li> </ul>	

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Annual PAT testing took place?	Yes
There was a record of equipment calibration. Annual calibration took place?	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.	Yes
There was a log of fire drills.	Yes
There was a record of fire alarm checks.	Yes
There was a record of fire training for staff.	Yes
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: July 2018 by the Landlord	Yes
Actions from fire risk assessment were identified and completed.	Yes

Explanation of any answers and additional evidence:

- The building was leased, and the landlord carried out the necessary fire checks in addition to those undertaken by the practice in-house.
- We saw a record of annual fire drills completed. The last completed fire risk assessment by the practice was 14/3/2019.
- There was a record of weekly fire alarm checks and we saw that fire evacuation drills had taken place.
- There were appropriate trained fire marshals in place.

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: July 2018.	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: July 2018.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The building was leased, and the landlord carried out the necessary health and safety checks in addition to those undertaken by the practice in-house. The practice had undertaken an inhouse health and safety check on 14/3/2019.</li> <li>• The practice manager undertook weekly walk arounds.</li> <li>• We saw a risk assessment for appropriate storage of liquid nitrogen had been completed 15/3/2019.</li> </ul>	

## 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: Jan 2019	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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• One of the nurses was the clinical lead for infection control but this role was shared with the other members of the nursing team and members of administration staff to ensure that standards of cleanliness were met throughout.</li> </ul>	

## 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>*A member of staff had recently been promoted to reception supervisor and was involved in the recruitment and training processes for new and existing members staff. At the time of the inspection this role was in its infancy. The practice should ensure that its recruitment protocol includes the collection and retention of all necessary documentation as per relevant guidance. This includes consistent induction.</li></ul>	

## 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) (01/01/2018 to 31/12/2018) (NHS Business Service Authority - NHSBSA)	1.04	0.98	0.91	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). (01/01/2018 to 31/12/2018) (NHSBSA)	14.3%	13.4%	8.7%	Variation (negative)
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 (01/07/2018 to 31/12/2018) (NHSBSA)	6.34	5.40	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	3.43	2.39	2.13	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*

Medicines management	Y/N/Partial
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.	There were no non-medical prescribers.
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
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.	Partial*
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.	Not applicable.
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.	Not applicable.
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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>Although there was a process for monitoring patients' health in relation to the use of high-risk medicines (for example, warfarin, methotrexate and lithium) records we viewed identified that that this was not failsafe. We saw the practice had recently (25/3/2019) introduced a prescribing policy with the intention of improving prescribing processes overall.</li> <li>The system in place to monitor prescriptions was inconsistent and not all practitioners were adhering to the same protocol. We highlighted this to the practice and they immediately implemented a consistent protocol.</li> </ul>	

## 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:	9
Number of events that required action:	9
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Although we saw evidence that action was required it was not always clear who was responsible for that action or whether appropriate action had been taken.</li> </ul>	

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

Event	Specific action taken
Urgent fax received into the practice but not passed to GP and only seen by accident the following day.	All staff advised that urgent faxes should be conveyed.
Mix up over urine sample labelled with wrong name resulting in wrong patient potentially getting an inappropriate antibiotic.	Names should be double checked on bottles and tasks sent to doctor.

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: <ul style="list-style-type: none"> <li>We saw that there was a system for recording safety alerts and we saw safety alerts that had been actioned. However, we also saw that the system was inconsistent in parts and not all staff understood or acted on alerts in the same way.</li> </ul>	

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

**Patients' needs were assessed, and care and treatment was/ was not 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.	Partial*
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: <ul style="list-style-type: none"> <li>We saw that there was a system for disseminating and informing staff about current evidence-based practice. However, the system was inconsistent and not all staff received, or acted on guidance in the same way.</li> <li>The practice was aware of higher than average prescribing of hypnotics and had taken steps to reduce and review their prescribing.</li> </ul>	

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)	1.57	0.90	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 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>A Recent data collection exercise ensured carers were flagged on GP records so they could be safeguarded and linked in with services. The practice had identified an additional 148 carers through this process.</li> <li>Staff had appropriate knowledge of treating older people including their psychological, mental</li> </ul>



and communication needs.

- Health checks were offered to patients over 75 years of age.
- Detailed medication reviews were undertaken by the in-house pharmacist for patients on multiple medicines.

## People with long-term conditions

Population group rating: Good

### Findings

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

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)	76.5%	83.8%	78.8%	No statistical variation
Exception rate (number of exceptions).	7.1% (27)	10.8%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	61.6%	77.5%	77.7%	Variation (negative)
Exception rate (number of exceptions).	7.4% (28)	8.6%	9.8%	N/A

### Any additional evidence or comments

The practice was aware of low data in relation to patients with diabetes and was addressing the issues.

	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)	77.8%	81.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	9.7% (37)	13.1%	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)	70.4%	77.0%	76.0%	No statistical variation
Exception rate (number of exceptions).	6.3% (31)	5.9%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	98.2%	92.7%	89.7%	Variation (positive)
Exception rate (number of exceptions).	32.1% (52)	11.7%	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)	78.3%	84.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	2.9% (34)	3.5%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	93.4%	89.2%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.3% (11)	6.0%	6.7%	N/A

## Families, children and young people

Population group rating: Good

### Findings

- Childhood immunisation uptake rates were in line with or better than the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception including coil insertion and removal.
- The practice held quarterly meetings with a named health visitor and the entire clinical team to discuss at risk families and share information.
- GPs reviewed all correspondence relating to any children under the age of 5 years.
- One of the partners was the Clinical Commissioning Group's lead for children and young people and child and adolescent mental health services. They held close links to secondary care and third sector services supporting continuity in the patient's journeys.

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)	107	110	97.3%	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)	111	117	94.9%	Met 90% minimum (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)	109	117	93.2%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles,	111	117	94.9%	Met 90% minimum (no

mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)				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.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- The practice had used effective analysis to assess appointment demand and usage as a result of which they were able to adapt to address unmet needs.

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)	77.8%	76.6%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	69.8%	69.9%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5 year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	60.9%	56.5%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	67.6%	77.3%	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)	45.7%	47.0%	51.9%	No statistical variation

**People whose circumstances make them vulnerable**

**Population group rating: Good**

**Findings**

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, 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.
- There was a system to identify and support military veterans ensuring they received enhanced care where appropriate.
- There was an active outreach offering screening for sexual health diseases to all new patients via the registration form. High risk groups were also pro-actively identified and screened if appropriate.
- Safeguarding training was cascaded through the CCG lead within the practice including Adverse Childhood Experiences (ACE) and Prevent (Terrorism) training?
- Patients with learning disabilities were encouraged to exercise.
- Outreach work was undertaken by the practice pharmacist to try and reduce patients on addictive medicines and reduce the overuse of these for affected patients.
- The practice liaised closely with the community police team to share appropriate information.

**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 to follow 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.
- All staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.9%	91.5%	89.5%	No statistical variation
Exception rate (number of exceptions).	49.2% (32)	8.8%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	92.7%	91.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	36.9% (24)	8.0%	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)	73.2%	81.6%	83.0%	No statistical variation
Exception rate (number of exceptions).	12.5% (8)	6.0%	6.6%	N/A

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided.

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	533.8	551.1	537.5
Overall QOF exception reporting (all domains)	5.0%	5.0%	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

<b>Prescribing of drugs for bone protection.</b> Patients were identified via clinical system (EMIS)
--

searches and patients not on treatment but at risk of fracture were sent telephone or written invitations to attend for review so appropriate prescribing or investigation could occur. This resulted in the rate of patients over 65 years with a fragility fracture on no treatment dropping from 35% to 24 % on re-audit. The percentage of at-risk patients under 65 years or without a fragility fracture who had not had an appropriate scan also improved from 38% to 22%.

**Epilepsy Medication Prescribing.** This audit cycle aimed to assess the practice's epilepsy register, prescribing and monitoring. These elements were reviewed against the standards set out by national guidelines. Patients were identified by clinical system (EMIS) searches against existing codes and also via medications prescribed. System prompts were highlighted to the practice team and further invitations were sent to encourage patient review. Review rates remained broadly comparable. A large increase in the epilepsy list size was coded (from 43 to 105 years old ) with a view to improving patient safety, care and recalls in the future. Five women of childbearing age were identified as being prescribed sodium valproate and contacted for review/switching.

**In addition, the practice** undertook an exercise to review the coding of important conditions to ensure the disease registers were accurate allowing patients with significant diagnoses to be managed effectively. This intervention was prompted as a result of the disease prevalence rates compared to local averages. For example, the practice used the clinical system search tools to identify patients prescribed anti-hypertensive medicines but without a diagnosis of hypertension. This improved the ability to monitor and recall patients using the clinical systems available and improving patient care and safety overall.

#### Any additional evidence or comments

- All partners were fully compliant with appraisal and revalidation.
- The practice had trained approximately 70 junior doctors over a thirty-year period with 28 having attained accreditation.
- The practice held an open access opportunity for patients to catch up on smear sessions. 26 patients turned up for smear tests and 8 abnormalities were detected early because of this intervention.
- A buddy system was in place for all pathology results, hospital correspondence and electronic prescriptions to minimise error and risk.

## 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	Yes



employed since April 2015.	
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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>*Induction processes required review to ensure they remained consistent.</li> <li>*The practice manager/partner had not had a recent appraisal.</li> </ul>	

## 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:

- The practice sent out leaflets and information to encourage patients with learning disabilities to exercise.

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) (QOF)	89.6%	95.3%	95.1%	Variation (negative)
Exception rate (number of exceptions).	0.5% (10)	0.6%	0.8%	N/A

#### Any additional evidence or comments

\*The practice were aware of the negative variations highlighted in the data above and were addressing the issues.

## Consent to care and treatment

**The practice was able to demonstrate that it 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:	
<ul style="list-style-type: none"> <li>The practice provided an audit of surgical procedures undertaken and demonstrated that appropriate consent was sought.</li> </ul>	

# 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.	18
Number of CQC comments received which were positive about the service.	16
Number of comments cards received which were mixed about the service.	2
Number of CQC comments received which were negative about the service.	0

Source	Feedback
CQC Comments Cards	Patients commented that the service was very good because staff were friendly and had a lot of respect. They commented that they had excellent care from all the doctors and that office staff were polite and helpful. They commented that the practice was clean and safe.
NHS Choices	The practice received 4.5 stars (out of a possible 5 stars) from eight reviews left on NHS choices
Friends and Family	96% of 219 patients recommended the practice.

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8292	278	119	42.8%	1.44%

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	92.2%	90.2%	89.0%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
healthcare professional was good or very good at listening to them (01/01/2018 to 31/03/2018)				
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)	92.3%	88.3%	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%	96.2%	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)	97.2%	85.6%	83.8%	Variation (positive)

Any additional evidence or comments
<ul style="list-style-type: none"> <li>The practice had a very proactive patient participation group and together they reviewed the national patient survey results on an annual basis.</li> <li>The patient participation group regularly undertook surveys on behalf of the practice and implemented changes on behalf of the patients. They had introduced displays and introduced small working groups. They were fundraising to introduce a blood pressure machine in the patient waiting room.</li> </ul>

### 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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The CQC comments cards demonstrated that patients felt included and were given appropriate time and knowledge to enable decisions about their care and treatment.</li> </ul>	

## National GP Survey results

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they were involved as much as they wanted to be in decisions about their care and treatment (01/01/2018 to 31/03/2018)	94.6%	94.1%	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
Explanation of any answers and additional evidence:	
The patient participation group was pro-active in creating easy to read and informative displays in the patient waiting room.	
The physical look of the practice had changed and was more welcoming and friendlier because of the work undertaken by the PPG. Notice boards had been purchased and the PPG was pushing information on behalf of the practice about health promotion, carers, other support groups and practice initiatives such as the walking group and coffee mornings, through this route.	

Carers	Narrative
Percentage and number of carers identified.	216
How the practice supported carers.	Signposting/providing health promotion
How the practice supported recently bereaved patients.	Attending funerals where appropriate and providing bereavement support.

## 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

# Responsive

# Rating: Good

## Responding to and meeting people's needs

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

Question	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
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>The practice reviewed the appointment system following an in-depth external analysis. This resulted in more bookable and telephone appointments and a change to the structure of the surgeries.</li> <li>As a result of low prevalence scores in the 2018 QOF an extensive and successful data cleansing programme took place. This improved the ability to monitor and recall patients using the clinical systems available and improving patient care and safety overall.</li> </ul>	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 6.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 6.30pm
Thursday	8am to 6.30pm
Friday	8am to 6.30pm
Appointments were offered with GPs and nurses at various times throughout each day on Monday to Friday. Appointments were also offered with GPs and nurses at Bodmin Road between until 8.30pm on a Tuesday evening when 2 GPs and a nurse were available. In addition, an appointment could be made with a GP and/or nurse through the Trafford Hub at various venues. This service was available Monday to Friday 6pm until 8.30pm and Saturday and Sunday between 9am and 1pm.	

## National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
8292	278	119	42.8%	1.44%

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)	96.0%	95.9%	94.8%	No statistical variation

### Any additional evidence or comments

## Older people

Population group rating: Good

### Findings

- All patients had a named GP who supported them in whatever setting they lived.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues.
- There was a medicines delivery service for housebound patients and detailed medicine reviews were undertaken in-house by the pharmacist for older patients on a number of different medicines.
- An afternoon tea club was held for isolated elders and the practice also offered befriending, social inclusion and interaction with surgery staff.
- The practice proactively signposted carers to other support services within Trafford.

## People with long-term conditions

Population group rating: Good

### Findings

- Patients with multiple conditions could have their needs reviewed in one appointment if this was beneficial to them.
- 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 received a score of 92% satisfaction for enabling management of long-term conditions. This was more than 10% higher than the local and national averages.
- Social prescribing included physical activity support within the community such as Trafford Leisure Services and Bodmin Walking for Health Group.
- The practice arranged CPR training for the patient participation group to benefit the local

community.

**Families, children and young people**

**Population group rating: Good**

**Findings**

- The practice offered bereavement outreach and attended funerals when appropriate.
- New birth congratulation letters were sent with links to health and support information.
- The safeguarding lead at the practice was the named GP for safeguarding children in Trafford and was trained to level 4.
- Quarterly meetings with named health visitors were held at the practice on a regular basis.
- GPs reviewed correspondence relative to all patients five years or under to enhance safety.
- Appointments were offered to accommodate several family members on the same visit when possible and appropriate.
- The practice offered contraceptive implant insertion and removal services as well as cryopathy and joint injections.
- All children under the age of five years were offered an appointment when unwell.
- The practice had close links to mental health services for children and young people.
- All staff had been trained in domestic abuse (IRIS).

**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 8.30pm on a Tuesday.
- Pre-bookable appointments were available to all patients at additional locations within the area, as the practice was a member Trafford Hub. Appointments were available Saturday and Sunday 9am until 1pm.
- The practice had undergone an appointment demand and usage analysis and adopted the appointment to address unmet patient needs.
- Open access to smear and flu clinics were undertaken on a sessional basis.
- Patients had access to online, telephone and text communication with the practice.
- The practice was currently piloting a scheme to enable rapid return to work, if off sick for two weeks or over, to assist small/medium sized employers and self-employed groups.

**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 carried out a recent drive to identify military veterans so that they could be sure they were providing enhanced care where appropriate.
- Safeguarding training was cascaded and delivered by one of the lead partners into the practice from the CCG.
- The practice adjusted the delivery of its services to meet the needs of patients with a learning disability and social prescribing included promotion by letter of exercise programmes to all patients with learning disabilities.
- The practice encouraged close links with the community police team who periodically attended the surgery to offer consultations to patients when needed.
- Outreach work was undertaken by the pharmacist to try and reduce opiate overuse for affected patients.

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

**Population group rating: Good**

**Findings**

- Priority appointments were allocated when necessary to those experiencing poor mental health. Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice was aware of support groups within the area and signposted their patients to these accordingly.
- There was an in-house psychological therapist offering rapid access to cognitive behaviour therapy.
- The practice had links with social prescribing initiatives such as Blue Sci (a psychological services), Trafford Leisure (exercise) and the Drug and Alcohol Teams.
- The practice had systems in place for escalating concerns to the Clinical Commissioning Group or wider community where they arose and was able to demonstrate where action had been taken.



## 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: <ul style="list-style-type: none"> <li>When the practice realised that the list size was climbing, they were proactive in recruiting new partners and a nurse in order to increase access and appointments.</li> </ul>	

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)	91.2%	N/A	70.3%	Variation (positive)
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)	84.7%	70.7%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	77.8%	67.0%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	86.0%	75.1%	74.4%	No statistical variation

## 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.	11
Number of complaints we examined.	11
Number of complaints we examined that were satisfactorily handled in a timely way.	11
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: <ul style="list-style-type: none"><li>Complaints were discussed as a standard agenda item at partners meetings in an open forum with all staff providing input.</li></ul>	

Example(s) of learning from complaints.

Complaint	Specific action taken
A patient complained about access to the practice on the telephone.	The practice examined the phone log system and advised the patient about non-peak hours to ring the practice. In addition, however they recruited extra reception staff and changed reception rotas to ensure more phone coverage at peak times.

# 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
<ul style="list-style-type: none"><li>The practice were able to demonstrate high levels of staff satisfaction and high retention of staff both clinical and administrative.</li></ul>	

### 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: <ul style="list-style-type: none"><li>Staff held a mutual sense of purpose to provide high quality care in a friendly and safe manner.</li><li>Discussions were in place with Trafford Council around plans to move into a new purpose-built health centre with another practice.</li><li>Advanced planning discussions were underway to encourage neighbourhood working.</li></ul>	

## 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: <ul style="list-style-type: none"> <li>The practice was able to demonstrate how they dealt with a whistleblowing incident about an outside service.</li> <li>The practice undertook a 360 degree feedback exercise by an outside provider and used the feedback to make improvements for staff.</li> </ul>	

## 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: <ul style="list-style-type: none"> <li>All staff had access to policies and procedures that were kept up to date.</li> <li>Staff knew who to go to with concerns.</li> <li>A buddy system was in place to ensure workflow remained optimised.</li> </ul>	

## 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: <ul style="list-style-type: none"><li>Where risks and/or issues were identified we saw that the practice took action to rectify them. During the inspection we highlighted areas where the practice could improve, and an action plan was already in place before this report was written. In particular, it was not always evident whether action had been taken or who was responsible, following dissemination of information or following meetings.</li></ul>	

## 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: <ul style="list-style-type: none"><li>Where risks and/or issues were identified we saw that the practice took action to rectify them. During the inspection we highlighted several areas where the practice could improve, and an action plan was already in place before this report was written.</li></ul>	

## 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: <ul style="list-style-type: none"><li>The practice commissioned a 360-degree feedback report on the views of all the staff both clinical and administrative. The results were shared by an external facilitator and as a result quarterly meeting between clinical and administration staff were arranged.</li></ul>	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"><li>The practice had a very pro-active patient participation group (PPG).</li><li>The PPG had created displays in the practice to assist the community in various ways and the physical look of the practice had changed to make it more welcoming, interesting and informative.</li><li>There were small working groups for various different areas of support within the community based on local and national initiatives.</li><li>Fundraising took place on a regular basis.</li><li>Social isolation was reduced through coffee mornings and education programmes.</li><li>A practice newsletter had been introduced with a myriad of information for patients.</li><li>There were informative minutes from each meeting for all patients to see.</li><li>A walking group had been set up and 30-35 patients regularly attended.</li><li>Coffee mornings had developed into social groups and the PPG has been asked to drive out isolation and depression through various different interactions which they are proposing to continue.</li></ul>

## Continuous improvement and innovation

There were 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:	

- Monthly education meetings were held with four hours' protected time, and this time was used to identify and discuss significant events and audits and to initiate learning and improvement.
- The practice had trained approximately 70 junior GPs over a thirty-year period.
- The in-house pharmacist was being trained in-house to undertake more clinical care.
- The practice was considering the recruitment of an advanced nurse practitioner.
- Various pilots were being carried out such as workflow optimisation.

#### 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.