

Care Quality Commission

Inspection Evidence Table

Hopwood Medical Centre (1-544295861)

Inspection date: 29 March 2019

Date of data download: 21 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.	Y
Safeguarding systems, processes and practices were developed, implemented and communicated to staff.	Y
There were policies covering adult and child safeguarding.	Y
Policies took account of patients accessing any online services.	Y
Policies and procedures were monitored, reviewed and updated.	Y
Policies were accessible to all staff.	Y
Partners and staff were trained to appropriate levels for their role (for example, level three for GPs, including locum GPs).	Y
There was active and appropriate engagement in local safeguarding processes.	Y
There were systems to identify vulnerable patients on record.	Y
There was a risk register of specific patients.	Y
Disclosure and Barring Service (DBS) checks were undertaken where required.	Y
Staff who acted as chaperones were trained for their role.	Y
There were regular discussions between the practice and other health and social care professionals such as health visitors, school nurses, community midwives and social workers to support and protect adults and children at risk of significant harm.	Y

Safeguarding	Y/N/Partial
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • The practice had one clinical lead and one administration lead for safeguarding. • All staff had attended awareness training on domestic violence and female genital mutilation (FGM) and were able to identify potential domestic violence victims, vulnerable adults and children. • All staff had face to face safeguarding training every two years and annual updates by e-learning. • Regular meetings were held to discuss all safeguarding issues. • The front screen of the clinical system showed all contact details of the safeguarding team. • DBS checks were undertaken for all GPs and staff. 	

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

Safety systems and records	Y/N/Partial
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection/test:	Y March 2019
There was a record of equipment calibration. Date of last calibration:	Y March 2019
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Y
There was a fire procedure.	Y
There was a record of fire extinguisher checks. Date of last check:	Y Jan 2019
There was a log of fire drills. Date of last drill:	Y March 2019
There was a record of fire alarm checks. Date of last check:	Y March 2019

There was a record of fire training for staff. Date of last training:	Y Oct 2018
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion:	Y Oct 2018
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • The fire alarm was checked weekly. • A fire risk assessment was carried out every month. • The practice had one member of staff who was the identified fire marshal although all staff had been trained in the role. • The fire doors had been checked in March 2019. • All staff we spoke with were aware of the fire evacuation procedure. • The practice had two members of staff who had been trained in 1st aid. 	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment:	Y June 2018
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment:	Y Jan 2019
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> • A legionella risk assessment had been carried out in January 2019. • The practice had carried out risk assessments on the intruder system, the heating system and the recent building works. • We saw evidence that the practice carried out pregnancy risk assessments on members of staff who became pregnant and carried on working in their role. 	

Infection prevention and control

Appropriate standards of cleanliness and hygiene were met.

	Y/N/Partial
There was an infection risk assessment and policy.	Y
Staff had received effective training on infection prevention and control.	Y
Date of last infection prevention and control audit:	Jan 2019
The practice had acted on any issues identified in infection prevention and control audits.	Y

The arrangements for managing waste and clinical specimens kept people safe.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • There were no concerns identified on the latest infection control risk assessment. • All administration and reception staff had undertaken on-line training in infection control for non-clinicians. • All staff had received handwashing technique updates. • Spill kits were available in the practice 	

Risks to patients

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

	Y/N/Partial
There was an effective approach to managing staff absences and busy periods.	Y
There was an effective induction system for temporary staff tailored to their role.	Y
Comprehensive risk assessments were carried out for patients.	Y
Risk management plans for patients were developed in line with national guidance.	Y
Panic alarms were fitted and administrative staff understood how to respond to the alarm and the location of emergency equipment.	Y
Clinicians knew how to identify and manage patients with severe infections including sepsis.	Y
Receptionists were aware of actions to take if they encountered a deteriorating or acutely unwell patient and had been given guidance on identifying such patients.	Y
There was a process in the practice for urgent clinical review of such patients.	Y
There was equipment available to enable assessment of patients with presumed sepsis or other clinical emergency.	Y
There were systems to enable the assessment of patients with presumed sepsis in line with National Institute for Health and Care Excellence (NICE) guidance.	Y
When there were changes to services or staff the practice assessed and monitored the impact on safety.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Staff were trained in tasks other than their own and could cover for each other during absences and busy periods. • All staff had received sepsis awareness training. • Some staff were trained to carry out a finger prick test for C-reactive protein (CRP) which is a marker for infections. This gave the GP more information to aid the appropriate prescribing of antibiotics. • The receptionists were trained to ask key questions which would alert the GP to those patients who attended the open surgery and that needed to be seen quickest. 	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Y
There was a system for processing information relating to new patients including the summarising of new patient notes.	Y
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Y
Referral letters contained specific information to allow appropriate and timely referrals.	Y
Referrals to specialist services were documented.	Y
There was a system to monitor delays in referrals.	Y
There was a documented approach to the management of test results and this was managed in a timely manner.	Y
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Y

Appropriate and safe use of medicines

The practice had systems for the appropriate and safe use of medicines, including medicines optimisation

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) <small>(NHS Business Service Authority - NHSBSA)</small>	0.85	1.01	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) <small>(NHSBSA)</small>	5.5%	8.6%	8.7%	Tending towards variation (positive)
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules,	4.65	5.33	5.64	Tending towards variation (positive)

Indicator	Practice	CCG average	England average	England comparison
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>				
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) <small>(NHSBSA)</small>	1.61	2.95	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.	Y
Blank prescriptions were kept securely and their use monitored in line with national guidance.	Y
Staff had the appropriate authorisations to administer medicines (including Patient Group Directions or Patient Specific Directions).	Y
The practice could demonstrate the prescribing competence of non-medical prescribers, and there was regular review of their prescribing practice supported by clinical supervision or peer review.	Y
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Y
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Y
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Y
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Y
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Y
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	N/A
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Y
For remote or online prescribing there were effective protocols for verifying patient identity.	Y
The practice held appropriate emergency medicines, risk assessments were in place to determine the range of medicines held, and a system was in place to monitor stock levels	Y

Medicines management	Y/N/Partial
and expiry dates.	
The practice had arrangements to monitor the stock levels and expiry dates of emergency medicines/medical gases.	Y
There was medical oxygen and a defibrillator on site and systems to ensure these were regularly checked and fit for use.	Y
Vaccines were appropriately stored, monitored and transported in line with PHE guidance to ensure they remained safe and effective.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice carried out regular audits of different medicines and had systems in place to ensure patients had regular blood tests and medication reviews. Prescriptions for patients on high risk medications were flagged in the clinical system for a limited number of issues. This ensured that blood tests were requested and results received before further medication was issued. 	

Track record on safety and lessons learned and improvements made

The practice learned and made improvements when things went wrong.

Significant events	Y/N/Partial
The practice monitored and reviewed safety using information from a variety of sources.	Y
Staff knew how to identify and report concerns, safety incidents and near misses.	Y
There was a system for recording and acting on significant events.	Y
Staff understood how to raise concerns and report incidents both internally and externally.	Y
There was evidence of learning and dissemination of information.	Y
Number of events recorded in last 12 months:	27
Number of events that required action:	7
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff said when things went wrong at the practice there was a culture of openness and support. Significant events were a standing agenda item at staff meetings. The practice carried out a thorough analysis of their significant events and identified themes so that action could be taken to prevent them from reoccurring. 	

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

Event	Specific action taken
New cancer diagnoses	The clinical team discussed all new cancer diagnoses with a

	review of the medical records and any learning points discussed.
A patient had been started on a medication and reported side effects including dizziness.	Blood tests were arranged and the patient admitted to hospital due to localised bleeding. The learning outcome was to check for head injury when dizziness was reported.
14 x quality events where an outside organisation had an impact on the practice patients.	The practice completed a report form to the CCG where there had been events such as delays in discharge notices being received or there were problems with other services and patients had not received timely treatment.

Safety alerts	Y/N/Partial
There was a system for recording and acting on safety alerts.	Y
Staff understood how to deal with alerts.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> Safety alerts were passed to the practice pharmacist for review, to run searches and take appropriate action. They were then passed to the clinical staff. Once they had been read and actioned they were signed and dated and passed to the practice manager who kept a record of them. 	

Effective

Rating: Good

Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Y
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Y
We saw no evidence of discrimination when staff made care and treatment decisions.	Y
Patients' treatment was regularly reviewed and updated.	Y
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Y
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • Policies and procedures were regularly reviewed and updated as appropriate. • The practice used a medicines optimisation tool which embedded up to date guidelines into the clinical system. This ensured that all clinicians were prescribing in line with local and national guidelines. • The practice devised a template "safety net" for two week wait referrals. When a search was run, the system cross checked to see if there were any outstanding patients that did not attend (DNA). 	

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) (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	0.09	0.77	-	Significant Variation (positive)

Older people

Population group rating: Good

Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans

and prescriptions were updated to reflect any extra or changed needs.

- All high-risk patients and those living in a care home setting had a personalised care plan in place.
- 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.
- The practice contacted those patients that had not made contact with the surgery in the previous six months.
- Age concern and the fire service attended the flu clinics to give advice to patients.

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.
- Patients were offered education about their long term condition and became “expert patients”. This supported them to manage their condition more closely.
- All patients with a long term condition were offered a personalised care plan and flare up plans.

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>	84.0%	77.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	15.1% (59)	10.2%	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>	85.8%	81.0%	77.7%	No statistical variation

Exception rate (number of exceptions).	4.3% (17)	5.5%	9.8%	N/A
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	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>	82.7%	80.7%	80.1%	No statistical variation
Exception rate (number of exceptions).	11.3% (44)	11.0%	13.5%	N/A

Other long-term conditions	Practice	CCG average	England average	England comparison
The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions, NICE 2011 menu ID: NM23 (01/04/2017 to 31/03/2018) <small>(QOF)</small>	75.2%	75.8%	76.0%	No statistical variation
Exception rate (number of exceptions).	1.5% (8)	3.4%	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>	91.8%	91.5%	89.7%	No statistical variation
Exception rate (number of exceptions).	5.6% (10)	7.3%	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)	87.1%	83.3%	82.6%	No statistical variation
Exception rate (number of exceptions).	1.1% (11)	2.5%	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)	98.6%	86.4%	90.0%	Variation (positive)
Exception rate (number of exceptions).	8.6% (7)	6.8%	6.7%	N/A

Families, children and young people

Population group rating: Good

Findings

- Childhood immunisation uptake rates were in line with the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- All patients between the ages of 16 and 24 years were offered a health screening appointment with the practice nurse. This appointment ensured that their immunisations were up to date if they were going onto further education.
- The practice held a clinic for young people who needed treatment or advice about sexual health, contraception, eating disorders, drugs, stop smoking, counselling or general health.
- Online counselling was available to young people.
- The practice held a Halloween themed flu clinic where all staff dressed up and handed out sweets and chocolates to children attending for their flu immunisation.

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)	102	104	98.1%	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)	71	77	92.2%	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)	72	77	93.5%	Met 90% minimum (no variation)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	75	77	97.4%	Met 95% WHO based target (significant variation positive)

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.
- Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.
- Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.
- Extended hours surgery was offered three times a week with access to the GPs, practice nurses and health care assistant.
- Annual health checks were offered to known HGV and taxi drivers.
- Patients can email queries to the practice and can ask for a telephone consultation if required.
- The practice was a pilot site for Skype consultations and at the time of the inspection were waiting to see if this would be moved forward.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	76.1%	73.1%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	73.3%	64.5%	-	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)	60.7%	53.1%	-	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)	97.1%	77.5%	-	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)	48.1%	54.6%	51.9%	No statistical variation

Any additional evidence or comments

- Patients that did not attend for the national screening programmes were contacted by the practice and encouraged to make and attend an appointment.

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.
- The practice demonstrated that they had a system to identify people who misused substances.
- The practice was registered as part of the local homeless friendly scheme.
- The practice fund and hand out emergency packs which include sleeping bags, snack bars, bottled water, socks and gloves.

- Information is given to the homeless person of where they can seek support.
- Patients with no fixed abode were able to register and use the practice address. They were asked where they could be found in case of contact being necessary.
- The practice would engage with external services such as community health care, hostels, prisons and young offenders institutions on behalf of the homeless patient.
- The practice supported military veterans making sure that they received the right treatment and support.

**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.
- All staff had received dementia training in the last 12 months and were dementia friends.
- The practice is a recognised SAFE practice meaning that anybody who may be confused can go into the practice and speak to someone for help.
- A reminder service was offered so that patients did not forget their appointments.
- Longer appointments were available for those patients that required them.

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)	94.3%	92.1%	89.5%	No statistical variation
Exception rate (number of exceptions).	10.3% (4)	11.0%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	97.2%	91.8%	90.0%	No statistical variation
Exception rate (number of exceptions).	7.7% (3)	8.1%	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)	100.0%	82.4%	83.0%	Significant Variation (positive)
Exception rate (number of exceptions).	2.3% (1)	6.7%	6.6%	N/A

Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	559.0	546.9	537.5
Overall QOF exception reporting (all domains)	4.3%	4.9%	-

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

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

- Several audits were carried out to ensure that local and national guidelines were being followed.
- A two-cycle audit had been undertaken on the feverish child which showed that the recording of observations had improved so that red flags could be identified.
- A review of patients on the contraceptive pill ensured that BMI and blood pressure were being checked and recorded.
- 31 patients who were prescribed opiates were monitored over an 18 months period with a view to reducing or stopping the medication and to raise awareness of the risks of this type of medication. An annual repeat of the review would take place as well as opportunistically. The prescriptions for several patients were stopped and others, their dose reduced.
- An audit was done on patients with gout and their cardiovascular risk assessed and a health check offered.

Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Y
The learning and development needs of staff were assessed.	Y
The practice had a programme of learning and development.	Y
Staff had protected time for learning and development.	Y
There was an induction programme for new staff.	Y
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Y
Staff had access to regular appraisals, one to ones, coaching and mentoring, clinical supervision and revalidation. They were supported to meet the requirements of professional revalidation.	Y
The practice could demonstrate how they assured the competence of staff employed in advanced clinical practice, for example, nurses, paramedics, pharmacists and physician associates.	Y
There was a clear and appropriate approach for supporting and managing staff when their performance was poor or variable.	Y

Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y

Helping patients to live healthier lives

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

	Y/N/Partial
The practice identified patients who may need extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.	Y
Staff encouraged and supported patients to be involved in monitoring and managing their own health.	Y
Staff discussed changes to care or treatment with patients and their carers as necessary.	Y
The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns and tackling obesity.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice had recently held a health screening and advice event in the local supermarket. Blood pressure checks and flu vaccinations were available at the event. Patients' physical, mental and social needs were discussed during consultations. 	

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,	97.5%	96.0%	95.1%	No statistical variation

schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>				
Exception rate (number of exceptions).	0.1% (1)	0.5%	0.8%	N/A

Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff were aware of the need to request consent to share records with referrals in line with General Data Protection Regulation principles. 	

Caring

Rating: Good

Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion. Feedback from patients was positive about the way staff treated people.

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Y
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Y

CQC comments cards	
Total comments cards received.	50
Number of CQC comments received which were positive about the service.	48
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
Comment cards	<ul style="list-style-type: none">• The doctors always listen and always explain the best way to get well.• I have always been treated as a person and not a number.• Very good service from friendly, helpful staff.• Recently it is becoming difficult to get an appointment.
NHS Choices	<ul style="list-style-type: none">• Doctors, nurses and reception staff couldn't be nicer and very professional.• I would definitely recommend surgery to everyone.
Patients spoken with on the day	<ul style="list-style-type: none">• Can get an appointment the same day using walk in surgery• There are no problems, everything seems to work.

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
6899	362	105	28.9%	1.52%

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)	92.9%	88.2%	89.0%	No statistical variation
The percentage of respondents to the GP patient survey who stated that the last time they had a general practice appointment, the healthcare professional was good or very good at treating them with care and concern (01/01/2018 to 31/03/2018)	91.4%	87.1%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	95.4%	95.6%	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)	88.3%	82.2%	83.8%	No statistical variation

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

Any additional evidence
<p>Following patient feedback, the practice reported back to patients as a “you said, we did”</p> <ul style="list-style-type: none"> • They carried on open surgeries every morning. • They continued with extended hours. • They made extensive improvements to the building. • They increased telephone appointments • They increased evening appointments. • They introduced a blue card scheme where if someone handed the receptionist a blue card, they wanted to talk in private.

Involvement in decisions about care and treatment

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

	Y/N/Partial
Staff communicated with patients in a way that helped them to understand their care, treatment and condition, and any advice given.	Y
Staff helped patients and their carers find further information and access community and advocacy services.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> • There was a carers' notice board in the patient waiting area which provided a range of information about local and national services. • Patients could access other services within the practice, for example, a health worker was available to provide information and guidance on how to maintain a healthy lifestyle. 	

Source	Feedback
Comment cards and interviews with patients.	<ul style="list-style-type: none"> • Patients told us that they felt involved when deciding on treatment and medication

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)	92.7%	93.5%	93.5%	No statistical variation

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

Carers	Narrative
Percentage and number of carers identified.	4% (311)
How the practice supported carers.	<ul style="list-style-type: none"> The practice had a member of staff who was the Carers advisor who ensured that all carers were offered a pack which included relevant information and signposted them to other services. There was a carers' notice board in the waiting area with information of local support services. Flu vaccinations were offered to carers. Health checks were offered to all carers.
How the practice supported recently bereaved patients.	<ul style="list-style-type: none"> The family is contacted by one of the GPs and offered support as required.

Privacy and dignity

The practice respected patients' privacy and dignity.

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Y
Consultation and treatment room doors were closed during consultations.	Y
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Y
There were arrangements to ensure confidentiality at the reception desk.	Y
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> The practice operated a blue card scheme where patients were able to pick up a blue card and hand it to the receptionist who knew that the patient wanted to talk in private. The receptionist would then take them to a private room to talk. The practice had made some extensive improvements to the building and were waiting for a privacy screen to be put up at the reception desk. Staff were aware of not disclosing information whilst working at the 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.	Y
The facilities and premises were appropriate for the services being delivered.	Y
The practice made reasonable adjustments when patients found it hard to access services.	Y
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Y
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had been allocated a focused care worker who worked with more vulnerable patients and helped them with their health and social care needs. 	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am to 7.30pm
Tuesday	8am to 6.30pm
Wednesday	8am to 7.30pm
Thursday	8am to 7.30pm
Friday	8am to 6.30pm
Appointments available:	
Monday to Friday	Open surgery 8am to 10am Pre bookable appointments available throughout the day and evenings.
Out of hours	Patients could access appointments provided by the "7 day access hub" Monday to Friday from 6.30pm to 9.30pm, at weekends and bank holidays.

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
6899	362	105	28.9%	1.52%

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)	95.4%	94.9%	94.8%	No statistical variation

Older people

Population group rating: Good

Findings
<ul style="list-style-type: none"> All patients had a named GP who supported them in whatever setting they lived. The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs and complex medical issues. In recognition of the religious and cultural observances of some patients, the GP would respond quickly, often outside of normal working hours, to provide the necessary death certification to enable prompt burial in line with families' wishes when bereavement occurred.

People with long-term conditions

Population group rating: Good

Findings
<ul style="list-style-type: none"> Patients with multiple conditions had their needs reviewed in one appointment. The practice liaised regularly with the local district nursing team and community matrons to discuss and manage the needs of patients with complex medical issues. Care and treatment for people with long-term conditions approaching the end of life was coordinated with other services.

Families, children and young people

Population group rating: Good

Findings

- Additional nurse appointments were available until 7.15pm on a Monday, Wednesday and Thursday for school age children so that they did not need to miss school.
- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.
- Parents with concerns regarding children under the age of 12 could be seen or spoken to the same day.
- The practice is recognised as breast feeding friendly.

Working age people (including those recently retired and students)

Population group rating: Good

Findings

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open until 7.30pm on a Monday, Wednesday and Thursday. Pre-bookable appointments were also available to all patients at additional locations within the area, as the practice was a member of a GP federation. Appointments were available evenings, weekends and bank holidays.

People whose circumstances make them vulnerable

Population group rating: Good

Findings

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

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.

Timely access to the service

People were able to access care and treatment in a timely way.

National GP Survey results

	Y/N/Partial
Patients with urgent needs had their care prioritised.	Y
The practice had a system to assess whether a home visit was clinically necessary and the urgency of the need for medical attention.	Y
Appointments, care and treatment were only cancelled or delayed when absolutely necessary.	Y

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)	99.4%	N/A	70.3%	Significant 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)	81.3%	65.4%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	78.1%	65.9%	65.9%	No statistical variation
The percentage of respondents to the GP	79.9%	70.6%	74.4%	No statistical variation

Indicator	Practice	CCG average	England average	England comparison
patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)				

Source	Feedback
NHS Choices, comment cards and patient we spoke with on the day.	<ul style="list-style-type: none"> • Generally, patients like the open surgery in the mornings. • Able to book convenient appointment in the evening. • Was able to book same day appointment after school.

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.	1
Number of complaints we examined.	1
Number of complaints we examined that were satisfactorily handled in a timely way.	1
Number of complaints referred to the Parliamentary and Health Service Ombudsman.	0

	Y/N/Partial
Information about how to complain was readily available.	Y
There was evidence that complaints were used to drive continuous improvement.	Y
<p>Explanation of any answers and additional evidence:</p> <p>The practice had received one complaint in the last year and consistently received good feedback in the national survey, family and friends test and its own survey.</p> <p>They did however have a complaints policy which was easily accessible to any patient wishing to make a complaint. Staff told us that the GPs and management were open and they felt that complaints would be discussed in staff meetings.</p>	

Example(s) of learning from complaints.

Complaint	Specific action taken
Regarding the prescribing of a high risk medication and care given by the practice	Explanation and apology given to patient.

Well-led

Rating: Good

Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Y
They had identified the actions necessary to address these challenges.	Y
Staff reported that leaders were visible and approachable.	Y
There was a leadership development programme, including a succession plan.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Regular clinical and staff meetings were held to discuss all aspects of the practice. All meetings had an agenda and minutes recorded. Staff said that they felt part of a strong team and supported by the GPs and management. 	

Vision and strategy

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

	Y/N/Partial
The practice had a clear vision and set of values that prioritised quality and sustainability.	Y
There was a realistic strategy to achieve their priorities.	Y
The vision, values and strategy were developed in collaboration with staff, patients and external partners.	Y
Staff knew and understood the vision, values and strategy and their role in achieving them.	Y
Progress against delivery of the strategy was monitored.	Y
Explanation of any answers and additional evidence: <p>The Aims and Objectives of the practice team included:</p> <ul style="list-style-type: none"> Provide a high standard of personalised, effective high quality medical care. To offer disease prevention and thereby promoting health and wellbeing. Through discussion and agreement with patients, provide treatment and management plans that include medication and referral to specialist services if needed To provide clearly outlined procedures and policies which enable good quality care and treatment for all patients, especially the most vulnerable. To produce written individual treatment and management plans for our patients, that will cover all aspects of their privacy, dignity, safety and security, giving them choice, aspirations and rights. To work in partnership with our patients their families and carers. To involve them in decision making about their treatment by listening and supporting them, allowing them independence and choice. 	

- To continually improve healthcare services to patients through learning, monitoring and auditing.
- To continue to work with our patient participation group to encourage good communications between our patients, the patient group and the practice .
- To improve as a patient centred service through decision making and communication.
- To ensure effective and robust governance systems are in place to cover all aspects of confidentiality and Data Protection.
- Treat all patients and staff with dignity, respect and honesty.
- To retain and motivate staff by helping and encouraging them to progress professionally with the aim of achieving a high level of job satisfaction.
- Maintain high quality of care through continuous learning and training.
- To care for all staff, ensuring a motivated and competent team.
- To guide our employees in diversity and equality.

Practice Purpose

Hopwood Medical Centre will ensure that all patients and staff are treated with dignity, respect and honesty. Given the resources made available to us our purpose is to provide registered patients with personal health care of high quality and to seek continuous improvement of the health status of the practice population as a whole.

We aim to achieve this by developing and maintaining a practice philosophy, developed and owned by all staff, that patients are at the centre of everything we do and aspire to. We aim to provide a service which is responsive to people's needs and expectations and which reflects, whenever possible, the latest advances in Primary Health Care.

Culture

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

	Y/N/Partial
There were arrangements to deal with any behaviour inconsistent with the vision and values.	Y
Staff reported that they felt able to raise concerns without fear of retribution.	Y
There was a strong emphasis on the safety and well-being of staff.	Y
There were systems to ensure compliance with the requirements of the duty of candour.	Y
The practice's speaking up policies were in line with the NHS Improvement Raising Concerns (Whistleblowing) Policy.	Y

Explanation of any answers and additional evidence:

- The practice actively engaged with the Clinical Commissioning Group and had signed up to the Heywood, Middleton and Rochdale Core Plus 2 quality contract. The practice routinely engaged in new ways of working, welcoming other professionals such as a clinical pharmacist and focused care worker.
- The practice carried out patient surveys and worked with the patient participation group to look at ways to improve services for patients.

- The practice carried out a wide range of audits to ensure patients were being prescribed medication safely and patient monitoring was being carried out.
- The focused care worker was encouraged to make contact with the surgery before and after making home visits as a way of ensuring their safety.

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

Source	Feedback
Staff	<ul style="list-style-type: none"> • Several staff had worked at the practice for many years and said that it felt like a family. • They were a close supportive team. • Everyone we spoke with felt supported by the GPs and management.

Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • Policies and procedures were in place and accessible to staff on the computer system. The practice manager regularly reviewed and updated the policies as required. • There was a system in place for investigating, reviewing and learning from complaints and significant events. They were then formally documented centrally and discussed during staff and clinical meetings. • There were several health and safety systems in place and equipment was maintained in line with guidance. • Staff had carried out training in General Data Protection Regulation including data security and confidentiality. 	

Managing risks, issues and performance

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

	Y/N/Partial
There were comprehensive assurance systems which were regularly reviewed and improved.	Y

There were processes to manage performance.	Y
There was a systematic programme of clinical and internal audit.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
A major incident plan was in place.	Y
Staff were trained in preparation for major incidents.	Y
When considering service developments or changes, the impact on quality and sustainability was assessed.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> The practice had undertaken several risk assessments including infection control and health and safety assessments. Recommendations from risk assessments had been actioned. 	

Appropriate and accurate information

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

	Y/N/Partial
Staff used data to adjust and improve performance.	Y
Performance information was used to hold staff and management to account.	Y
Our inspection indicated that information was accurate, valid, reliable and timely.	Y
There were effective arrangements for identifying, managing and mitigating risks.	Y
Staff whose responsibilities included making statutory notifications understood what this entails.	Y

Engagement with patients, the public, staff and external partners

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

	Y/N/Partial
Patient views were acted on to improve services and culture.	Y
Staff views were reflected in the planning and delivery of services.	Y
The practice worked with stakeholders to build a shared view of challenges and of the needs of the population.	Y
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> Staff told us that they felt listened to by management when they had suggestions about the running of the practice. 	

Feedback from Patient Participation Group.

Feedback

- We met with members of the PPG who told us that the practice was open and honest with them and that they could discuss any topic.
- They felt valued by the GPs, management and staff.

Continuous improvement and innovation

There were systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> • The practice held monthly meetings and learning time initiative sessions with all staff where complaints and significant events were discussed as standing agenda items. 	

Examples of continuous learning and improvement

- The practice had recently undergone major building and refurbishment throughout the surgery. The had extended the building and now had three new consulting rooms, a new meeting/community room and staff facilities.
- There were plans to build 1000 new homes in the area meaning there was a possibility of a significant increase in list size.
- Two new GPs had been recruited to start later in the year in response to the increased list size.
- The practice was planning to increase standard appointment times to 15 mins
- The practice had Pride in Practice training planned for later in the year. This will raise awareness and demonstrate the practice's commitment and dedication to ensuring a fully inclusive patient-centred service.
- Practice walks had been planned with a view to reducing loneliness in some patients. 50 patients had shown an interest in joining the walks.
- A counsellor had been employed which patients and staff would be able to use.

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 Bands	Z-score threshold
Significant variation (positive)	≤ -3
Variation (positive)	> -3 and ≤ -2
Tending towards variation (positive)	> -2 and ≤ -1.5
No statistical variation	< 1.5 and > -1.5
Tending towards variation (negative)	≥ 1.5 and < 2
Variation (negative)	≥ 2 and < 3
Significant variation (negative)	≥ 3

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.