

# Care Quality Commission

## Inspection Evidence Table

### Central Surgery (1-591580149)

Inspection date: 14 March 2019

Date of data download: 01 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, community midwives and social workers to support and protect adults and children at risk of significant harm.	Yes

Safeguarding	Y/N/Partial
Explanation of any answers and additional evidence:	
<ul style="list-style-type: none"> <li>The practice had engaged with the CCG and allocated a named safeguarding professional (NSP) to carry out the administrative duties regarding safeguarding. They followed up children and vulnerable people who had attended A&amp;E as well as those who had not attended appointments. There was a strong leadership regarding safeguarding and robust procedures in place and all staff were aware of them.</li> <li>Specific monthly safeguarding meetings took place which included input from domestic violence support staff. There was a template in use which recorded recent consultations and new and reviewed cases. Any issues were fed back to all members of the team.</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>We reviewed staff records and found they contained all relevant documentation including photographic identity, full employment history and references from previous employers.</li> </ul>	

<b>Safety systems and records</b>	<b>Y/N/Partial</b>
There was a record of portable appliance testing or visual inspection by a competent person. Date of last inspection: December 2018	Yes
There was a record of equipment calibration. Date of last calibration: December 2018	Yes
There were risk assessments for any storage of hazardous substances for example, liquid nitrogen, storage of chemicals.	Yes
There was a fire procedure.	Yes
There was a record of fire extinguisher checks. Date of last check: May 2018	Yes
There was a log of fire drills. Date of last drill: January 2019	Yes
There was a record of fire alarm checks. Date of last check: January 2019	Yes
There was a record of fire training for staff. Date of last training: Various dates	Partial
There were fire marshals.	Yes
A fire risk assessment had been completed. Date of completion: July 2018	Yes
No actions had been identified from the fire risk assessment.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>Fire training had been undertaken by staff but there were some omissions in the training log and recording of training appeared to be sporadic. Staff were aware of fire procedures and had received fire training at some point but the system for ensuring this was maintained accurately did not clearly demonstrate who required update training and when.</li> </ul>	

<b>Health and safety</b>	<b>Y/N/Partial</b>
Premises/security risk assessment had been carried out. Date of last assessment: June 2018	Yes
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: June 2018	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"> <li>We noted a range of health and safety and premises checks and reports carried out in the last 12 months and issues had been addressed where necessary.</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: February 2019	
The practice had acted on any issues identified in infection prevention and control audits.	Yes
The arrangements for managing waste and clinical specimens kept people safe.	Yes
Explanation of any answers and additional evidence: <ul style="list-style-type: none"><li>The infection control audit had identified an issue with floor cleaning fabrics used by the cleaning staff. This was raised with the contract cleaning staff to ensure this was changed.</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:

- The practice had undertaken sepsis training at a protected learning session in December 2018. We saw posters in the practice raising awareness of this condition. There was also a template in the computer recording system to alert staff to this.

## Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	Yes
There was a system for processing information relating to new patients including the summarising of new patient notes.	Yes
There were systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment.	Yes
Referral letters contained specific information to allow appropriate and timely referrals.	Yes
Referrals to specialist services were documented.	Yes
There was a system to monitor delays in referrals.	Yes
There was a documented approach to the management of test results and this was managed in a timely manner.	Yes
The practice demonstrated that when patients use multiple services, all the information needed for their ongoing care was shared appropriately and in line with relevant protocols.	Yes
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• We spoke with staff who demonstrated the process to ensure patients who had been referred to hospital via the two-week wait had received an appointment.</li> </ul>	

## Appropriate and safe use of medicines

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

Indicator	Practice	CCG average	England average	England comparison
Number of antibacterial prescription items prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) (NHS Business Service Authority - NHSBSA)	0.89	0.86	0.94	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/10/2017 to 30/09/2018) (NHSBSA)	8.7%	8.7%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/04/2018 to 30/09/2018) (NHSBSA)	5.50	5.72	5.64	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/04/2018 to 30/09/2018) (NHSBSA)	1.92	2.30	2.22	No statistical variation

Medicines management	Y/N/Partial
The practice ensured medicines were stored safely and securely with access restricted to authorised staff.	Yes
Blank prescriptions were kept securely and their use monitored in line with national guidance.	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.	Partial*
There was a process for the safe handling of requests for repeat medicines and evidence of structured medicines reviews for patients on repeat medicines.	Yes

Medicines management	Y/N/Partial
The practice had a process and clear audit trail for the management of information about changes to a patient's medicines including changes made by other services.	Yes
There was a process for monitoring patients' health in relation to the use of medicines including high risk medicines (for example, warfarin, methotrexate and lithium) with appropriate monitoring and clinical review prior to prescribing.	Yes
The practice monitored the prescribing of controlled drugs. (For example, investigation of unusual prescribing, quantities, dose, formulations and strength).	Yes
There were arrangements for raising concerns around controlled drugs with the NHS England Area Team Controlled Drugs Accountable Officer.	Yes
If the practice had controlled drugs on the premises there were appropriate systems and written procedures for the safe ordering, receipt, storage, administration, balance checks and disposal of these medicines, which were in line with national guidance.	Yes
The practice had taken steps to ensure appropriate antimicrobial use to optimise patient outcomes and reduce the risk of adverse events and antimicrobial resistance.	Yes
For 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>• The practice had carried out audits on antibiotic prescribing and reviewed their prescribing practices and we saw evidence of this. We noted that there was no formal monitoring of the prescribing of the nurse prescriber. However, the nurse practitioner told us that they had an allocated GP who provided weekly clinical supervision, advice and support regarding any consultation or prescribing issues. The pharmacy technician also monitored prescribing of all clinical staff in the practice.</li> <li>• The nurse practitioners audited their consultations and discussed with the GP to determine if the patient should have seen the GP and if they were working effectively.</li> <li>• The practice had a system to monitor the prescribing of high-risk medicines. Staff explained this process and these medicines were not available on repeat prescribing. There was a pop up on the electronic system to alert staff that the patient was being prescribed high risk medicines. The practice ensured they were aware of recent test results before prescribing. We looked at records to confirm this process.</li> <li>• The practice stored emergency medicines adequately with an emergency trolley in an allocated room which all staff were aware of and could access. We saw these had been checked regularly.</li> </ul>	

Medicines management	Y/N/Partial
<p>There were also emergency medicines available in the minor surgery suite with oxygen and anaphylaxis packs available in nurse rooms.</p> <ul style="list-style-type: none"> <li>Vaccine fridges were also maintained appropriately and temperatures recorded twice daily.</li> <li>Prescriptions were kept securely but the practice did not maintain a record of the prescriptions numbers to enable monitoring of prescriptions which included use by locum GPs. Following our inspection the practice has contacted us to confirm they have introduced a system to record and monitor prescriptions.</li> <li>We looked at a sample of PGDs and saw that they had been signed by the appropriate staff.</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:	5
Number of events that required action:	5
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice had a process in place for recording significant events which staff were aware of. We saw examples of significant events where lessons had been learnt and changes had taken place as a result. However, we noted that significant events were fewer than expected for the size of the practice. There were no themes identified in the significant event process.</li> </ul>	

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

Event	Specific action taken
A patient continued to be able to receive repeat prescriptions for a medicine which required blood tests prior to prescribing.	Changes had been made in the system for prescriptions for high risk medicines. A system was introduced to ensure that blood results needed to be obtained prior to a prescription being issued. There were reminders on the clinical system to facilitate



	this.
A patient was given the incorrect prescription.	The patient was contacted and the staff member received update training on the process for this medicine.

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
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>The practice manager disseminated alerts to all staff in the practice. The lead GP was responsible for deciding action on all alerts and instructed staff accordingly regarding actions to be taken. The practice did not maintain a log to document all alerts and how they had been addressed. We saw examples of actions taken following receipt of alerts. For example, we saw searches had been done and letters had been sent to patients. The actions involved all members of the team and were presented at a governance meeting.</li> </ul>	

## Effective

## Rating: Good

### Effective needs assessment, care and treatment

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

	Y/N/Partial
The practice had systems and processes to keep clinicians up to date with current evidence-based practice.	Yes
Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.	Yes
We saw no evidence of discrimination when staff made care and treatment decisions.	Yes
Patients' treatment was regularly reviewed and updated.	Yes
There were appropriate referral pathways were in place to make sure that patients' needs were addressed.	Yes
Patients were told when they needed to seek further help and what to do if their condition deteriorated.	Yes
Explanation of any answers and additional evidence: GPs and nurses could access national and local clinical guidance from their computer system. For example, we saw evidence that changes in NICE guidance had been implemented regarding diabetes. We noted that changes in NICE guidance were not an agenda item on clinical meetings.	

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/10/2017 to 30/09/2018) <small>(NHSBSA)</small>	1.74	0.89	0.81	No statistical variation

## Older people

## Population group rating: Good

### Findings

- The practice used a clinical tool to identify older patients who were living with moderate or severe frailty. Those identified received a full assessment of their physical, mental and social needs.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.
- The nurse practitioners carried out home visits on older patients who were housebound to carry out

health assessments and identify any unmet health needs.

## 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.
- The practice could demonstrate how they identified patients with commonly undiagnosed conditions, for example diabetes, chronic obstructive pulmonary disease (COPD), atrial fibrillation and hypertension.
- Adults with newly diagnosed cardio-vascular disease were offered statins.
- Patients with suspected hypertension were offered ambulatory blood pressure monitoring.
- Patients with atrial fibrillation were assessed for stroke risk and treated appropriately.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	85.2%	79.7%	78.8%	No statistical variation
Exception rate (number of exceptions).	15.7% (159)	12.1%	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>	79.1%	78.0%	77.7%	No statistical variation
Exception rate (number of exceptions).	23.6% (240)	9.1%	9.8%	N/A

	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	86.4%	82.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	14.1% (143)	10.5%	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>	87.8%	79.1%	76.0%	Variation (positive)
Exception rate (number of exceptions).	17.7% (187)	3.7%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	95.9%	90.4%	89.7%	No statistical variation
Exception rate (number of exceptions).	22.7% (57)	9.9%	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)	84.1%	83.2%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.6% (107)	3.3%	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)	89.5%	89.3%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.1% (21)	9.3%	6.7%	N/A

#### Any additional evidence or comments

We discussed exception reporting with the GPs and found they had an exception reporting policy and were exception reporting appropriately in line with national guidance. The practice only exception reported if the maximum tolerated dose had been prescribed; if they had sent three invitations and they had failed to respond; if the patient had declined the treatment or was unsuitable due to frailty.

We examined a random selection of patient records which showed that the practice had exception reported appropriately. For example, we saw a frail patient with dementia who was taking medicine for diabetes where their condition made them unsuitable to increase their dose of medicine. We also saw records showing a patient was exception reported as they were taking the maximum agreed dosage of medicine for hypertension and therefore they were unable to increase it.

## Families, children and young people

## Population group rating: Good

### Findings

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The named safeguarding professional (NSP) was responsible for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- The practice provided a service sexual health and family planning service staffed by a GP and nurse with additional training and a special interest in this area. Patients could access contraceptive implants, and intrauterine contraceptive devices at the practice.

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)	236	241	97.9%	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)	268	281	95.4%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their immunisation for Haemophilus influenza type b (Hib) and Meningitis C (MenC) (i.e. received Hib/MenC booster) (01/04/2017 to 31/03/2018) (NHS England)	267	281	95.0%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received immunisation for measles, mumps and rubella (one dose of MMR) (01/04/2017 to 31/03/2018) (NHS England)	265	281	94.3%	Met 90% minimum (no variation)

#### Any additional evidence or comments

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**Working age people (including those recently retired and students)**

**Population group rating: Good**

Findings
<ul style="list-style-type: none"> <li>The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.</li> <li>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.</li> <li>Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.</li> </ul>

Cancer Indicators	Practice	CCG	England	England
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		average	average	comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	71.0%	70.2%	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)	69.9%	67.4%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	52.0%	51.9%	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)	72.0%	78.3%	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)	57.3%	58.9%	51.9%	No statistical variation

#### Any additional evidence or comments

The practice uptake rate for cervical screening is below the national screening target of 80% but in line with local and national uptake rates. The practice encourage screening and provide information and appointments at varied times to facilitate uptake. Cervical screening is encouraged opportunistically when staff note this has not been taken up.

#### 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 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 reviewed young patients with learning difficulties annually and could access pictorial literature when necessary.

**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. The practice had access to the mental health crisis team. They could also signpost patients to the Improving Access to Psychological Therapies (IAPT) which held sessions in the building.
- The GPs used an in-house assessment tool for patients at risk of dementia. They obtained blood tests and an ECG and referred to the community-based memory clinic if the patient was at risk.



Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	96.1%	91.4%	89.5%	No statistical variation
Exception rate (number of exceptions).	42.1% (56)	11.2%	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)	91.7%	93.1%	90.0%	No statistical variation
Exception rate (number of exceptions).	27.8% (37)	9.0%	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)	75.5%	82.5%	83.0%	No statistical variation
Exception rate (number of exceptions).	6.9% (7)	5.4%	6.6%	N/A

#### Any additional evidence or comments

The practice was aware of the high exception reporting rates and ensure that their exception reporting policy is adhered to. Records we checked confirmed this.

#### 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)	557.0	542.1	537.5
Overall QOF exception reporting (all domains)	11.5%	5.6%	5.8%

	Y/N/Partial
Clinicians took part in national and local quality improvement initiatives.	Yes
The practice had engaged in quality improvement activity 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

- The practice engaged with the CCG and medicines management team to review and audit prescribing patterns. They also adopted agreed local pathways from NICE guidance.
- They carried out audits on their minor surgery activities and vasectomy procedures and alerts.

## Effective staffing

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

	Y/N/Partial
Staff had the skills, knowledge and experience to deliver effective care, support and treatment. This included specific training for nurses on immunisation and on sample taking for the cervical screening programme.	Yes
The learning and development needs of staff were assessed.	Yes
The practice had a programme of learning and development.	Yes
Staff had protected time for learning and development.	Yes
There was an induction programme for new staff.	Yes
Induction included completion of the Care Certificate for Health Care Assistants employed since April 2015.	Yes
Staff had access to regular appraisals, 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>• Staff we spoke with told us they felt supported and could approach the GPs at any time. All staff confirmed they had received annual appraisal and had an opportunity to identify learning needs.</li> <li>• Staff attended regular monthly protected learning sessions and had access to online learning resources.</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	Yes

where all patients on the palliative care register are discussed (01/04/2017 to 31/03/2018) (QOF)	
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.	N/A
<p>Explanation of any answers and additional evidence:</p> <ul style="list-style-type: none"> <li>• The practice used Recommended Summary Plans for Emergency Care and Treatment (ReSPECT) forms for patients approaching the end of their life. ReSPECT is a process that creates personalised recommendations for a person's clinical care in a future emergency in which they are unable to make or express choices. It provides health and care professionals responding to that emergency with a summary of recommendations to help them to make immediate decisions about that person's care and treatment.</li> <li>• The practice had a clinical governance meeting monthly where patients on the palliative care register were discussed.</li> <li>• The practice had a system which ensured that test and blood results are seen by the GPs and actioned daily. This includes cover when GPs are on leave.</li> </ul>	

## 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
<p>Explanation of any answers and additional evidence:</p> <p>There was an alert on the system to identify patients who were vulnerable.</p> <p>The practice provided a vasectomy service that was accessible to all patients in the area.</p> <p>The health care assistant carries out health assessments for patients requesting a health check.</p>	

There was information regarding a wide range of support organisations and health promotion in the waiting areas of the practice available for patients.

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)	97.9%	95.5%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (19)	0.6%	0.8%	N/A

#### Any additional evidence or comments

### Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Yes
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Yes
The practice monitored the process for seeking consent appropriately.	Yes
Explanation of any answers and additional evidence: We saw that the practice had written consent for all relevant procedures, for example the vasectomy clinic. They provided information leaflets prior to procedures.	

## Caring

**Rating: Good**

### Kindness, respect and compassion

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

	Y/N/Partial
Staff understood and respected the personal, cultural, social and religious needs of patients.	Yes
Patients were given appropriate and timely information to cope emotionally with their care, treatment or condition.	Yes
Explanation of any answers and additional evidence: We observed that staff treated patients with kindness and respect when attending for their appointment. There was a line of demarcation to encourage patients to stand back from the desk when other patients were being assisted.	

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

Source	Feedback
Comments cards	There were no comment cards completed by patients. The comment cards had been left in the reception area for patients to complete but it is thought that the position of the box may not have drawn patients' attention to it and it may have been overlooked. However, during our inspection we spoke with 16 patients including members of the patient participation group who gave positive feedback regarding the care they received from the practice.
NHS Choice 2018	There had been five comments left on NHS Choices during 2018. These were mixed with two patients unhappy with the attitude of the reception staff and three patients expressing satisfaction with the GP and nursing care received. There was a comment regarding difficult getting through on the telephone for an appointment.

## 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
21304	261	101	38.7%	0.47%

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)	83.2%	87.1%	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)	79.9%	86.2%	87.4%	No statistical variation
The percentage of respondents to the GP patient survey who stated that during their last GP appointment they had confidence and trust in the healthcare professional they saw or spoke to (01/01/2018 to 31/03/2018)	92.2%	94.3%	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)	83.2%	79.8%	83.8%	No statistical variation

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

Any additional evidence
The practice's patient participation group carried out surveys periodically. We saw the latest survey which contained positive comments from patients regarding the GPs and nursing staff being caring, thorough and professional. There had been 38 positive comments written on forms in the PPG survey relating to all aspects of care.

### 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: There was information regarding support groups around the practice for conditions such as dementia support and information for carers.	

Source	Feedback
Interviews with patients.	Patients we spoke with told us the GPs were generally caring and they were satisfied with the care they received.

### 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)	91.6%	92.5%	93.5%	No statistical variation

Any additional evidence or comments

	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
<p>Explanation of any answers and additional evidence:</p> <p>The practice had access to interpreters whenever necessary as well as British Sign Language. The website provided links to a range of support groups and information regarding long term conditions and general health information.</p>	

Carers	Narrative
Percentage and number of carers identified.	There were 187 carers which represented less than 1% of the practice population. The practice was exploring how they could increase this number and had plans to discuss with the PPG with a view to holding awareness sessions.
How the practice supported carers.	The practice offered flu vaccinations to all carers and health checks if required.
How the practice supported recently bereaved patients.	The practice sent a card to bereaved families with information signposting them to bereavement services and support networks. There were leaflets available in the practice advertising bereavement services.

## Privacy and dignity

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

	Y/N/Partial
Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.	Yes
Consultation and treatment room doors were closed during consultations.	Yes
A private room was available if patients were distressed or wanted to discuss sensitive issues.	Yes
There were arrangements to ensure confidentiality at the reception desk.	Yes
<p>Explanation of any answers and additional evidence:</p> <p>There was a clear line of demarcation to encourage patients to stand back from the reception area</p>	



when other patients were being seen.

## Responsive

**Rating: Good**

### Responding to and meeting people's needs

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

	Y/N/Partial
The importance of flexibility, informed choice and continuity of care was reflected in the services provided.	Yes
The facilities and premises were appropriate for the services being delivered.	Yes
The practice made reasonable adjustments when patients found it hard to access services.	Yes
The practice provided effective care coordination for patients who were more vulnerable or who had complex needs. They supported them to access services both within and outside the practice.	Yes
Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.	Yes
Explanation of any answers and additional evidence: Extended hours appointments were available on Tuesday and Thursdays from 7:30 until 8:30 by appointment only. The practice was a member of the local Coventry & Rugby GP Alliance which provided extended hours appointments Monday to Friday from 6:30pm until 9:30pm and Saturday mornings from 10am until 1pm at local hubs in the area.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	7:30 – 18:30
Tuesday	7:30 – 19:30
Wednesday	8:30 – 18:30
Thursday	8:30 – 18:30
Friday	8:30 – 18:30
Branch Surgery:	

Monday	8:30 – 12:00
Tuesday	8:30 – 12:00      14:00 - 17:30
Wednesday	8:30 – 12:00
Thursday	8:30 – 12:00      16:00 – 17:30
Friday	8:30 – 12:00

#### National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%	% of practice population
21304	261	101	38.7%	0.47%

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)	96.2%	93.8%	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.
- The nurse practitioner or GP visited patients at home to carry out their annual review dependent on the patient's needs. They reviewed medicines during this visit as well as general health.

### People with long-term conditions

### Population group rating: **Good**

#### Findings

- 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**

- Nurse appointments were available until 6pm on some days of the week for school age children so that they did not need to miss school.
- The practice had a named safeguarding professional (NSP) who maintained the system to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

## **Working age people (including those recently retired and students)**

**Population group rating: Good**

### **Findings**

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was open from 7:30am on Monday and Tuesday and until 7:30pm on a Tuesday. Pre-bookable appointments were also available to all patients at additional locations within the area via the service from the Coventry & Rugby GP Alliance.
- The practice offered a comprehensive family planning service and Hormone Replacement Clinic as one of the GPs had additional training in this area.
- The practice provided a vasectomy service for patients in the area commissioned by the CCG.
- The practice also hosted an ophthalmology clinic to reduce the need for patients to attend the hospital. This was staffed by GPs with additional training and a special interest in ophthalmology.

**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 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. The advanced nurse practitioner was the lead nurse for this group of patients and carried out comprehensive annual reviews, encouraging national screening and ensuring patients understanding of these services.

**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.	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 necessary.	Yes
Explanation of any answers and additional evidence: All patients requesting home visits received them. The practice did not operate a triage system.	

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)	47.5%	N/A	70.3%	Variation (negative)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	75.0%	66.6%	68.6%	No statistical variation
The percentage of respondents to the GP patient survey who were very satisfied or fairly satisfied with their GP practice appointment times (01/01/2018 to 31/03/2018)	68.2%	63.9%	65.9%	No statistical variation
The percentage of respondents to the GP patient survey who were satisfied with the type of appointment (or appointments) they were offered (01/01/2018 to 31/03/2018)	78.5%	71.7%	74.4%	No statistical variation

### Any additional evidence or comments

- The survey carried out by the PPG in 2017 and the national patient survey 2018 highlighted difficulty in getting through to the practice on the telephone. The practice had discussed this with the PPG and had been considering what changes could be made to the telephone system but had not been able to establish a suitable solution. However, more recently they had had discussions with the telephone company regarding the options available to them. Following our inspection the practice confirmed they had had more discussions with the telephone company and with the partners and agreed to introduce a new system to improve telephone access. They told us this

work was due to take place in the next six weeks.

### 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.	20
Number of complaints we examined.	20
Number of complaints we examined that were satisfactorily handled in a timely way.	20
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>• We saw an annual review of complaints which showed learning points. There had been a theme of attitude to patients which had been addressed. This issue had been discussed at a practice meeting. It had been agreed that additional training should be implemented to better manage patient expectations.</li><li>• The practice also raised awareness of the need to utilise the extended hours appointment service to promote better access to appointments for patients outside of normal hours.</li></ul>	

## Well-led

**Rating: Good**

### Leadership capacity and capability

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

	Y/N/Partial
Leaders demonstrated that they understood the challenges to quality and sustainability.	Yes
They had identified the actions necessary to address these challenges.	Yes
Staff reported that leaders were visible and approachable.	Yes
There was a leadership development programme, including a succession plan.	Yes
Explanation of any answers and additional evidence: We noted a positive emphasis on management and the structure of the team working day. The working patterns had been created ensuring the workload of clinicians and other staff was appropriate and that no staff had excessive work pressure.	

### 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>The practice had clear aims and objectives to ensure high quality, safe and effective services and environment for patients. There was evidence of collaborative leadership in the partnership. The practice leaders were aware of the practice population and their health issues and developed services accordingly utilising the specific skills of the GPs, such as the menopause and HRT clinic, diabetes and coronary heart disease.</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>Staff reported that they felt supported in their role and could go to the manager or raise any concerns at any time. They gave an example of where they had raised a concern and the GPs had taken action and we saw evidence of this in the significant event audit.</li> </ul>	

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

Source	Feedback
Staff interviews	Staff we spoke with reported that they enjoyed their work and felt involved and included in practice changes.

## 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>There was an organisational chart which showed clear delegated duties such as prescribing lead, safeguarding, and QOF. The practice had allocated clinical leads in areas where their special skills and interests lay and all staff took ownership of their roles.</li> </ul>	



- The practice held twice monthly practice meetings in addition to the monthly clinical governance meetings which included the multi disciplinary team, audit and significant events. However, it was not always clear from the minutes of the meetings what lessons were learnt from these and whilst staff were all aware of them and could describe lessons learnt, recording of themes and wider involvement of sharing the learning would strengthen the process.
- We noted that whilst the nurse practitioner was supported by an allocated GP to provide clinical supervision, they had not included oversight of the nurse's prescribing as part of that role although the nurse's prescribing was included in the monitoring carried out by the pharmacy technician. They carried out audit of nurse consultations to determine if they were working safely and effectively.

## 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>The practice maintained a risk register which included staffing, resources and resilience as well as financial risk.</li> <li>Staff recruitment was managed appropriately, and all staff had job descriptions and personal specifications.</li> <li>We saw that the practice had a business continuity plan which covered all eventualities and contained information regarding all key contacts.</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:	

The practice audited their prescribing data and addressed any issues arising from this. We noted they also carried out audits in response to medicines alerts and acted accordingly as well as in minor surgery and vasectomy.

## 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:	

Feedback from Patient Participation Group.

Feedback
<ul style="list-style-type: none"> <li>We spoke with the members of the patient participation group (PPG) who were wholly supportive of the practice and commended them on the service they provided. They told us the practice engaged well with them and always listened to their views and suggestions. For example, the PPG requested a suggestion box in the reception area and this was installed. They also highlighted the need for a bicycle rack to enable patients to store their bicycles safely and this was organised. They told us the practice always ensured the allocated staff attended their meetings.</li> </ul>

## Continuous improvement and innovation

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

	Y/N/Partial
There was a focus on continuous learning and improvement.	Yes
Learning was shared effectively and used to make improvements.	Yes
Explanation of any answers and additional evidence:	
The practice was a training practice and provided training for qualified doctors who were undertaking additional training to become GPs.	
The GPs in the practice engaged in continuous learning via protected learning sessions and individual	

training courses. Staff were able to access NICE guidance and changes and could demonstrate knowledge of this although there was no evidence of discussion in the clinical meetings.

#### 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 weightings 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.