

Care Quality Commission

Inspection Evidence Table

Pilning Surgery (1-5058899662)

Inspection date: **16 April 2019**

Date of data download: 25 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
Explanation of any answers and additional evidence: The practice hosts fortnightly multi-disciplinary team meetings (virtual ward meetings). Once a month this also includes clinical staff from a local hospice to discuss palliative care patients. The practice has also worked with a local residential care home regarding safeguarding issues. Training on modern slavery took place for all staff, delivered by the CCG Designated Safeguarding Adults and MCA Lead.	
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: April 2019	Y
There was a record of equipment calibration. Date of last calibration: 26.04.2018	Y
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: 08/2018	Y
There was a log of fire drills. Date of last drill: 05/04/2019	Y
There was a record of fire alarm checks. Date of last check: 04/04/2019	Y
There was a record of fire training for staff. Date of last training: February 2019	Y
There were fire marshals.	Y
A fire risk assessment had been completed. Date of completion: 02/04/2019	Y
Actions from fire risk assessment were identified and completed.	Y
Explanation of any answers and additional evidence: The practice utilised the Peninsula Health and Safety system for risk assessments and resources.	

Health and safety	Y/N/Partial
Premises/security risk assessment had been carried out. Date of last assessment: February 2019	Y
Health and safety risk assessments had been carried out and appropriate actions taken. Date of last assessment: February 2019	Y
Montpelier Health, which is the provider for Pilning Surgery, employed a health and safety (H&S) qualified staff member who visited Pilning Surgery to provide health and safety management. The practice worked with the Peninsula H&S system, which included access to H&S resources.	

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:	10/01/2019
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
<p>Explanation of any answers and additional evidence:</p> <p>A copy of the last infection prevention and control audit was in the evidence file.</p> <p>Actions taken as a result of the audit included the provision of pedal bins in the kitchen and staff areas, these had been put in place by the practice. New toilet brushes for patient and staff toilets had been purchased as part of the audit findings.</p>	

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
<p>Explanation of any answers and additional evidence:</p> <p>Emergency kit protocols and algorithms are documented. Sepsis training had been undertaken in April 2019. A sepsis flow chart was on display for staff in various areas (including reception, treatment rooms) of the practice as a reminder for the signs of sepsis.</p>	

Information to deliver safe care and treatment

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

	Y/N/Partial
Individual care records, including clinical data, were written and managed securely and in line with current guidance and relevant legislation.	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) (NHS Business Service Authority - NHSBSA)	1.09	0.81	0.91	No statistical variation
The number of prescription items for co-amoxiclav, cephalosporins and quinolones as a percentage of the total number of prescription items for selected antibacterial drugs (BNF 5.1 sub-set). (01/01/2018 to 31/12/2018) (NHSBSA)	8.4%	9.4%	8.7%	No statistical variation
Average daily quantity per item for Nitrofurantoin 50 mg tablets and capsules, Nitrofurantoin 100 mg m/r capsules, Pivmecillinam 200 mg tablets and Trimethoprim 200 mg tablets prescribed for uncomplicated urinary tract infection (01/07/2018 to 31/12/2018) (NHSBSA)	4.87	5.20	5.60	No statistical variation
Average daily quantity of oral NSAIDs prescribed per Specific Therapeutic Group Age-sex Related Prescribing Unit (STAR-PU) (01/07/2018 to 31/12/2018) (NHSBSA)	2.94	2.08	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	Y

Medicines management	Y/N/Partial
Group Directions or Patient Specific Directions).	
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 and expiry dates.	Y
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
<p>Explanation of any answers and additional evidence:</p> <p>There was close liaison with the on-site pharmacy and easy access for urgent prescriptions and good communication. Work undertaken with the CCG pharmacist included audits and taking part in the national sodium valproate pregnancy prevention programme. The practice had undertaken a proactive review of opiates (strong pain medicines) which had identified patients at risk of addiction. Appropriate action had been taken to adjust their care and treatment.</p>	

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:	9
Number of events that required action:	9
Explanation of any answers and additional evidence: The practice also benefited from continuous improvement and learning from Montpelier Health Centre, the provider's other location.	

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

Event	Specific action taken
An incident occurred when a patient was provided with another patient's medicine from hospital.	The patient brought this to the attention of the practice. The practice nurse reported it to the surgery manager who reported it to the hospital for further investigation. The hospital identified the error had occurred during the discharge medication process. The event was discussed with staff. Learning points included the need for swift action, good liaison with the hospital, and having a second member of staff to check accuracy of medicines provided.
An incident occurred at the practice basic life support training, the trainer was setting up the defibrillator. It was found the defibrillator was inoperative and the pads were the incorrect size.	The practice investigated this. It was found that the pads had been sourced from the provider's other location at Montpelier Health Centre as it was assumed that both defibrillators at the two sites were the same type. However, it was discovered the two defibrillators were not the same type and the pads did not fit. The defibrillator was replaced immediately (so that both defibrillators were the same type) together with a set of pads for the new machine. Learning points included the need for regular checks that the defibrillator was in working order and that correct pads were provided.

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> <p>Alerts arrived at Montpelier Health Centre's practice manager who recorded them and disseminated them to the relevant member of staff at Pilning Surgery for action. There was a safety alert protocol in place, which included regular reviews by a clinical governance group. Alerts had been discussed at staff meetings. A nominated member of staff deputised for the practice manager in their absence.</p>	

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
Explanation of any answers and additional evidence:	
There was clinical scrutiny of any high exception reporting rates. The practice had support with an exception reporting protocol and advice from one GP who attended the NICE Indicator Advisory Committee.	

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) (NHSBSA)	0.57	0.73	0.79	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.
- Health checks were offered to patients over 75 years of age.

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 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.
- Exception reporting rates in the quality outcomes framework (QOF) for 2017/18 were higher than local and national averages in some areas. For example, for patients with diabetes in whom blood pressure was being monitored the exception reporting rate was 47% which was significantly higher than the national average of 9.8%. We spoke to the provider who, after the inspection, provided further information regarding patients with diabetes; and stated that all exceptions coded were clinically appropriate. Whilst the practice provided further evidence to show they were taking action, it was too early to see evidence that improvement brought levels in line with local and national averages. We saw unverified QOF data for 2018/19 showing exception reporting rates for diabetes blood pressure readings had reduced to 39%.

Diabetes Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.1%	79.7%	78.8%	Variation (positive)
Exception rate (number of exceptions).	22.6% (63)	20.6%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) (QOF)	79.7%	78.7%	77.7%	No statistical variation
Exception rate (number of exceptions).	47.0% (131)	14.4%	9.8%	N/A
	Practice	CCG average	England average	England comparison
The percentage of patients with diabetes, on the register, whose last measured total	88.2%	83.6%	80.1%	Tending towards

cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2017 to 31/03/2018) (QOF)				variation (positive)
Exception rate (number of exceptions).	18.3% (51)	16.5%	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) (QOF)	78.6%	74.9%	76.0%	No statistical variation
Exception rate (number of exceptions).	6.7% (20)	12.2%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	93.6%	91.2%	89.7%	No statistical variation
Exception rate (number of exceptions).	22.0% (22)	14.4%	11.5%	N/A
Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months is 150/90mmHg or less (01/04/2017 to 31/03/2018) (QOF)	82.4%	82.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	17.4% (140)	6.0%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	93.7%	89.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	8.7% (9)	6.2%	6.7%	N/A

Any additional evidence or comments

The practice system for exception reporting included monthly recall letters, which included a second and third invitation. Following this third invite, a GP looked at the patient's case and scrutinised the patient records, following which the GP would make a final attempt to contact the patient before they were reported as an exception.

The practice had obtained specialist support for their patients with long term conditions, in particular those areas with high exception reporting such as blood pressure monitoring for patients with diabetes. A specialist nurse from NHS Improvement was currently undertaking a review of patients. One senior nurse was a specialist in diabetes and COPD, and other nurses also had long term condition specialisms.

Findings

Families, children and young people

Population group rating: **Good**

- Childhood immunisation uptake rates were above the World Health Organisation (WHO) targets. The apparent significant positive variation results from small numbers of eligible children.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.
- Young people could access services for sexual health and contraception.

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) <small>(NHS England)</small>	45	46	97.8%	Met 95% WHO based target (significant variation positive)
The percentage of children aged 2 who have received their booster immunisation for Pneumococcal infection (i.e. received Pneumococcal booster) (PCV booster) (01/04/2017 to 31/03/2018) <small>(NHS England)</small>	34	35	97.1%	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) <small>(NHS England)</small>	34	35	97.1%	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) <small>(NHS England)</small>	34	35	97.1%	Met 95% WHO based target (significant variation positive)

Any additional evidence or comments

Montpelier Health Centre applied for non-recurrent funding from Public Health England (PHE) by submitting a detailed plan on how to increase uptake of childhood immunisations. The learning from this was applied to Pilning Surgery.

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

Population group rating:

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.

Cancer Indicators	Practice	CCG average	England average	England comparison
The percentage of women eligible for cervical cancer screening at a given point in time who were screened adequately within a specified period (within 3.5 years for women aged 25 to 49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)	77.7%	73.6%	71.7%	No statistical variation
Females, 50-70, screened for breast cancer in last 36 months (3-year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	74.2%	70.6%	70.0%	N/A
Persons, 60-69, screened for bowel cancer in last 30 months (2.5-year coverage, %)(01/04/2017 to 31/03/2018) (PHE)	56.9%	56.5%	54.5%	N/A
The percentage of patients with cancer, diagnosed within the preceding 15 months, who have a patient review recorded as occurring within 6 months of the date of diagnosis. (01/04/2017 to 31/03/2018) (PHE)	78.3%	71.4%	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)	59.3%	53.4%	51.9%	No statistical variation

Any additional evidence or comments

At 77.7% for the period 2017/18 shown above, the practice was below the 80% coverage target for the national cervical screening programme (as measured by Public Health England). The data used by

Public Health England is different to that for QOF and generally produces a lower achievement rate than the QOF figure.

The practice action plan included regular audits in this area. The aim of the audit was to ensure staff could take successful cervical smears and record them correctly. The most recent audit showed total smears taken 2018/19 there had been 242 smears obtained. Of those, one examination was declined due to an inadequate sample. There had been a 99% success rate during this period.

NHS Healthcheck scores for 2016/2018 were 95% compliant against a local CCG average of 58%. Pilning was rated 6th out of 25 local practices.

Patients could also obtain coil implants at Montpelier Health Centre, from a Pilning Surgery referral. Pilning Surgery was involved in a quality initiative, entitled "Living with or beyond cancer", and the BNSSG Bowel Cancer Uptake project which was due to begin at the end of April 2019.

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 reviewed young patients at local residential homes.

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

**Population group rating:
Good**

Findings

- The practice assessed and monitored the physical health of people with mental illness, severe mental illness, and personality disorder by providing access to health checks, interventions for physical activity, obesity, diabetes, heart disease, cancer and access to 'stop smoking' services.
- There was a system for following up patients who failed to attend for administration of long-term medication.
- When patients were assessed to be at risk of suicide or self-harm the practice had arrangements in place to help them to remain safe.
- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.
- All staff had received dementia training in the last 12 months.

Mental Health Indicators	Practice	CCG average	England average	England comparison
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2017 to 31/03/2018) (QOF)	100.0%	93.0%	89.5%	Tending towards variation (positive)
Exception rate (number of exceptions).	27.3% (3)	20.7%	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)	100.0%	91.5%	90.0%	Tending towards variation (positive)
Exception rate (number of exceptions).	18.2% (2)	17.4%	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)	82.6%	82.8%	83.0%	No statistical variation
Exception rate (number of exceptions).	4.2% (1)	6.6%	6.6%	N/A

Any additional evidence or comments

Pilning Surgery was a dementia friendly practice with appropriately trained staff and signage to support dementia patients access services. The practice also actively supported carers who are looking after dementia patients.

Although exception reporting was high from some indicators, this related to low numbers of patients. For example, it related to three patients experiencing schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months in the table above.

The practice provided specific packs for carer groups; young carers, carers for people with dementia, carers for older people. These packs contained relevant information for that group. For example, the young carer pack contained advice on support at school, obtaining a free laptop to help with homework and stay in touch with friends, and accessing holidays for the carer and the person they looked after.

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	544.8	537.5
Overall QOF exception reporting (all domains)	9.7%	7.3%	5.8%
			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

<p>GPs had undertaken complete cycle clinical audits on medicines in collaboration with the CCG pharmacist. An audit on the use of high-risk opiates used for pain relief. This involved 28 patients, the majority of which had arthritis. The audit examined any alternative treatments or changes which could be made to improve patient's safety. Patients were invited in for face to face reviews. Outcomes included alternative treatments for nine of the 28 patients.</p>

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
<p>Explanation of any answers and additional evidence:</p> <p>Pilning Surgery has employed an Urgent Care Practitioner and also benefits from other staff, including a Physician Associate, who work across both sites, thereby sharing learning gained at the inner-city practice of Montpelier Health Centre.</p>	

Coordinating care and treatment

Staff worked well 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.	Not applicable
Explanation of any answers and additional evidence: Multi-disciplinary meetings (Virtual Ward) take place fortnightly, with palliative care being discussed monthly.	

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, tackling obesity.	Y
Explanation of any answers and additional evidence: Pilning Surgery has attained the Gold Standard award from the GP Carers Liaison Worker in Bristol and South Gloucestershire. This was awarded for the support provided to carers and for becoming a dementia friendly practice through the training of staff and having dementia friendly signage throughout the practice. The practice hosted a monthly carer's surgery.	

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)	97.5%	94.1%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (6)	1.1%	0.8%	N/A

Any additional evidence or comments

Pilning Surgery achieved 100% for recording the patient status as smoking or non-smoking (212 patients) in the period 2016/2018.

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

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
<p>Explanation of any answers and additional evidence:</p> <p>Following on from an incident at Montpelier Health Centre, guidance on dealing with spirituality has been circulated to all staff at Pilning Surgery and Montpelier. This guidance was "Spirituality in nursing care" provided by the Royal College of Nursing.</p>	

CQC comments cards	
Total comments cards received.	8
Number of CQC comments received which were positive about the service.	8
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
CQC comment cards	Eight patients had provided written feedback on comment cards. Patients described a caring professional service with approachable staff.

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
4445	244	96	39.3%	2.16%

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)	94.0%	90.4%	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)	88.6%	88.6%	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)	97.4%	96.5%	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)	84.2%	84.5%	83.8%	No statistical variation

Question	Y/N
The practice carries out its own patient survey/patient feedback exercises.	Y
Any additional evidence	
<p>The practice carried out an ongoing survey, with blank survey forms available at reception. The results from March 2019 showed that of nine respondents, eight were extremely likely to recommend the practice.</p> <p>An annual review of patient feedback for 2018 had been undertaken. This incorporated the GP Patient national survey, NHS Choices, Friends and Family Test, complaints and verbal communication with patients. Findings were very positive about the practice.</p>	

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

Explanation of any answers and additional evidence:

Being a small rural practice, the practice was able to offer holistic continuity of care; adherence to the Accessible Information Standard, including hearing loop; and practice leaflets in braille.

Source	Feedback
Patient interviews	We spoke with three patients during our inspection. All three told us they had positive experiences with the practice. Patients described how staff had supported them in a helpful and professional way. Patients told us they felt involved in their care.

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	99.2%	93.9%	93.5%	Tending towards variation (positive)

	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.	330 carers (7% of practice population)
How the practice supported carers.	Practice has achieved a Gold Award for working to support carers and being Dementia Friendly. Carers and patients being cared for records are coded. Monthly carers support clinics are run at the Practice by GP Care Liaison Worker from the Carers support centre. There are carers' packs available.

How the practice supported recently bereaved patients.	Condolence cards, attendance at funerals, follow up calls. Signposting to South Gloucestershire Bereavement services.
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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

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: Dementia Friendly Surgery with appropriate signage. Care coordination at MDT meetings. Reception staff trained to be responsive to patient needs by ensuring a relaxing atmosphere in the waiting room and keeping patients apprised of any delays.	

Practice Opening Times	
Day	Time
Opening times:	
Monday	8am – 6.15pm
Tuesday	8am – 6.15pm
Wednesday	7.30am – 6.15pm
Thursday	7.30am – 6.15pm
Friday	8am – 6.15pm
Appointments available: as above each day	

National GP Survey results

Practice population size	Surveys sent out	Surveys returned	Survey Response rate%		% of practice population
4445	244	96	39.3%		2.16%
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)		96.6%	94.7%	94.8%	No statistical variation

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.

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.

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.
- Pilning Surgery worked extended hours and also participated in Improved Access by provision on a Saturday morning. This was offered on a rotation basis across the locality. The practice also used health navigation to signpost patients and offer a number of same day appointments.

Families, children and young people

Population group rating: Good

Findings

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.
- All parents or guardians calling with concerns about a child were offered a same day appointment when necessary.

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.

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
<p>Explanation of any answers and additional evidence:</p> <p>Domestic violence awareness training had taken place and prompt cards provided (on presentation of a prompt card, a patient will get a priority same day appointment). The practice was currently considering the implications of home visits and lone working, following learning from a significant event.</p>	

Indicator	Practice	CCG average	England average	England comparison
The percentage of respondents to the GP patient survey who responded positively to how easy it was to get through to someone at their GP practice on the phone (01/01/2018 to 31/03/2018)	91.8%	N/A	70.3%	Variation (positive)
The percentage of respondents to the GP patient survey who responded positively to the overall experience of making an appointment (01/01/2018 to 31/03/2018)	66.5%	68.2%	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)	58.1%	64.9%	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)	76.8%	75.3%	74.4%	No statistical variation

Any additional evidence or comments

Pilning Surgery worked extended hours and also participated in Improved Access by provision on a Saturday morning. This was offered on a rotation basis across the locality. The practice also used health navigation to signpost patients and offer a number of same day appointments.

Source	Feedback
NHS Choices	Three patients had rated Pilning Surgery on NHS Surgery, awarding 1 out of 5 stars to the practice. Two patients had left reviews. One patient was concerned they were seen by a nurse rather than a GP. The other patient described miscommunication with a GP. The practice had not yet made any response to the comments.

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.	10
Number of complaints we examined.	10
Number of complaints we examined that were satisfactorily handled in a timely way.	10
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

Example(s) of learning from complaints.

Complaint	Specific action taken
A complaint arose when a parent of a child was concerned about medicine prescribed.	The practice investigated this. It was found that the child patient had a high temperature and the GP provided them with a just in case prescription to be deployed only if the temperature remained high. The mother wanted to know why the prescription had been provided. A full explanation was given to the mother in writing. Learning points included the need to inform the GP immediately with child's temperature concerns, the need to clarify the difference between an appointment and a telephone consultation and the need for sepsis training for staff.
A complaint was made about a referral to the local musco-skeletal service at the local hospital.	The practice found that the referral had been made at the time. An MRI scan was completed. Staff attached this to the referral. The musco-skeletal service did not receive the referral. The practice investigated this, found a computer error and made an intervention to ensure the patient was able to attend the musco-skeletal service. A full explanation was made to the patient. Learning points included a system announcement from the computer provider to amend a fault in their system; and the practice introduced a new protocol to follow up referrals with contact to ensure all referrals were received. Turnaround times were also more clearly displayed for patients.

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
<p>Explanation of any answers and additional evidence:</p> <p>There is Learning and Development Strategy in place.</p> <p>The provider's surgery general manager attended a leadership course in January 2019, with a member of staff being developed to become deputy surgery general manager. GPs had numerous educational leadership qualifications. GPs undertook clinical supervision and educational supervision of nurses and the urgent care practitioner. One of the Pilning Surgery GPs was a qualified clinical supervisor.</p> <p>GP partners demonstrated that they understood the challenges to quality and sustainability by implementing a formal governance structure which included a monthly clinical governance committee. In addition to fortnightly partner meetings, the executive met formally once a week (minutes were circulated to all partners) and informally on a daily basis to resolve operational challenges. The practice manager was a former CCG finance director.</p> <p>The practice ensured well led succession planning by rotating salaried GPs between Montpelier Health Centre and Pilning Surgery in order to have a fully experienced clinical workforce covering two practice populations with very different demographics. The skills of the urgent care practitioner were being further developed through a prescribing course.</p>	

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:

The practice had a vision, values, and a strategy. The overarching strategy comprises a clinical strategy, estates and environment strategy, business strategy and workforce strategy. These were presented and discussed with staff at an away day in June 2018.

Strategies and plans were aligned with the wider health economy through locality working, meetings with the Clinical Commissioning Group (CCG). A GP attended the South Gloucestershire Membership meeting. The practice had contributed to the premises survey carried out by the CCG. Year-end progress against the strategy had been documented and would be presented to the GP partners in May.

The practice also actively engaged with primary care network (PCN) discussions in preparation for implementation of the new GP contract.

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:

All staff have been issued with an employee handbook, a health and safety handbook and an information governance handbook. The duty of candour was included in the significant events policy.

At the practice away day in 2018, the whistle blowing policy was replaced with the Freedom to Speak Up Policy which was based on the NHS Freedom to Speak Up Policy. The practice had a Freedom to Speak Up Guardian, who was one of their GPs. This GP had given presentations at Pilning and was well known by the staff.

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

Source	Feedback
Staff interviews	Staff we spoke with told us they felt supported by the management at the practice and enjoyed their roles. Staff described a caring, transparent environment where it was safe to ask for advice and guidance.

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	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: Formal Governance Structure is in place, including a Scheme of Delegation. Job descriptions and appraisals for all staff are in place.	

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: Assurance systems included the monthly clinical governance group where service developments were discussed. Part of the monthly agenda was a 'Focus on' slot where staff focused on areas such as prescribing, mental health or health navigation. Staff undertook clinical audits and internal audits such as monitoring of call handling or a weekly audit of failed text message reminders. The practice had a number of arrangements for identifying risks e.g. patient registers, MDT meetings, health and safety risk register, complaints and significant events and patient feedback. The business continuity plan also included a risk register and specifically for Pilning, a major incident plan pertaining to its proximity to Avonmouth (a local industrial area). The practice had a draft overarching Risk Management Strategy, approved by the Executive partners which was planned for discussion at the next Partners' away day planned for May 2019.	

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
Explanation of any answers and additional evidence:	
<p>The practice had acted on data from clinical audits and QOF is monitored to continuously improve performance. Significant Events and Complaints were used to adjust and improve performance. The practice had a policy that shared data with OneCare (a national organisation to support primary care development) and the CCG, which was used for comparison and learning purposes. The practice clinical governance group considered the intelligence reports issued by OneCare.</p> <p>A proposal to develop a comprehensive performance management framework was planned for discussion by GP partners at the May 2019 away day. This proposal was yet to be agreed by the executive partners but would be on a balanced scorecard approach to include clinical quality and staff wellbeing.</p> <p>In terms of managing the overall resilience of Pilning surgery, absences were addressed by transfer of staff from Montpelier Health Centre, by shared phone lines, remote IT, admin or telephone support. There was regular daily support by telephone and e-mails between the two locations.</p>	

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:	
<p>There was an active PPG at Pilning who were kept informed and offered regular feedback. The practice had its own patient survey which also provided feedback which had been taken into account to make improvements. The practice worked collaboratively within the South Gloucestershire Locality and benefit from working also in the Inner-City Locality. The initial work undertaken by the practice to work in a PCN (Primary Care Network) will mean closer direct working with neighbouring</p>	

Feedback from Patient Participation Group.

Feedback

We met with the PPG during our inspection. There were 13 members of the PPG. PPG meetings took place quarterly at the practice. The PPG had also just started a virtual online group with approximately 40 members so far.

The PPG told us that the practice was very efficient. Changes made by the practice included changing the appointment system which had been successful. The PPG had suggested organising quarterly presentations which the local community could attend on various subjects in order to raise awareness and best practice on cancer care, dermatology, and blood tests. The next such presentation planned was from an eye specialist in June 2019.

The PPG carried out patient surveys. Most recently a survey had been carried out on the premises where members of the PPG spoke to patients in the waiting room. Feedback had been very positive about the practice.

The PPG told us that the receptionists were always very helpful and that the health navigation training had been successful. They told us that clinical staff carried out their roles professionally. Management staff attended PPG meetings and made useful contributions.

The PPG chairman attended forums for PPGs run by BSSNG CCG which helped to share best practice.

Continuous improvement and innovation

There was evidence of systems and processes for learning, continuous improvement and innovation.

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
Systems included the monthly clinical governance group, clinical audits, significant events and complaints.	

Examples of continuous learning and improvement

The practice had a workforce strategy, supported by a learning and development strategy and clinical supervision Strategy. This supported a culture and focus on continuous learning and improvement. By rotation of clinical staff from Montpelier Health Centre to Pilning Surgery, there was a process of continuous learning and development. All staff had received appraisals where their learning needs were agreed.

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.