

# Care Quality Commission

## Inspection Evidence Table

### The Green House Surgery (1-540771522)

Inspection date: 9 May 2019

Date of data download: 29 April 2019

## Overall rating: Good

Please note: Any Quality Outcomes Framework (QOF) data relates to 2017/18.

## 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

Prescribing	Practice performance	CCG average	England average	England comparison
Average daily quantity of Hypnotics prescribed per Specific Therapeutic group Age-sex Related Prescribing Unit (STAR PU) (01/01/2018 to 31/12/2018) <small>(NHSBSA)</small>	1.29	1.06	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.

The practice monitored the clinical team's completion of an elderly frail template index. This was done by generating monthly reports to by way of assurance that it was being completed.

A clinical pharmacist, employed by the practice, was working on specific issues in relation to its elderly and frail population. The practice undertook risk profiling of patients at high risk of hospital admission and used those results to establish where preventative measures could be taken, and additional care offered to keep those patients in their usual place of residence.

The practice had reviewed its End of Life Care policy. If the practice was notified about the death of a patient who was not on the Gold Standard Framework register, they treated it as an unexpected death. In this way, the practice looked in-depth at the retrospective care provided to the patient to highlight if there had been any additional care or treatment which may have improved outcomes. The practice used this approach as continual learning to feed in to its best practice for palliative care.

## 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.

There was a GP lead and Nurse Practitioner lead and a practice nurse lead for Diabetes and respiratory conditions. This provided a three-pronged approach to long term conditions where the patients' needs were holistically assessed.

Nurses caring for patients with long term conditions had an additional diploma in specific disease management.

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 blood pressure monitoring at home.

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>	75.8%	77.2%	78.8%	No statistical variation
Exception rate (number of exceptions).	11.5% (72)	16.3%	13.2%	N/A
The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2017 to 31/03/2018) <small>(QOF)</small>	78.7%	76.2%	77.7%	No statistical variation
Exception rate (number of exceptions).	12.9% (81)	11.9%	9.8%	N/A

Additional evidence: The practice had some higher than average exception reporting rates. Evidence seen on inspection showed that the provider offered three appointments to patients and only excepted them after the third missed appointment. All these patients were re-invited the following year and approached opportunistically, to come for reviews, at other times.

	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>	81.1%	79.0%	80.1%	No statistical variation
Exception rate (number of exceptions).	14.5% (91)	16.4%	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>	77.3%	74.5%	76.0%	No statistical variation
Exception rate (number of exceptions).	24.7% (143)	12.9%	7.7%	N/A
The percentage of patients with COPD who have had a review, undertaken by a healthcare professional, including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	89.6%	87.6%	89.7%	No statistical variation

Exception rate (number of exceptions).	19.1% (66)	16.3%	11.5%	N/A
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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)	85.7%	82.1%	82.6%	No statistical variation
Exception rate (number of exceptions).	4.0% (63)	4.8%	4.2%	N/A
In those patients with atrial fibrillation with a record of a CHA2DS2-VASc score of 2 or more, the percentage of patients who are currently treated with anti-coagulation drug therapy (01/04/2017 to 31/03/2018) (QOF)	98.2%	91.2%	90.0%	Variation (positive)
Exception rate (number of exceptions).	8.1% (15)	6.0%	6.7%	N/A

Additional evidence: The practice had some higher than average exception reporting rates. Evidence seen on inspection showed that the provider offered three appointments to patients and only excepted them after the third missed appointment. All these patients were re-invited the following year and approached opportunistically, to come for reviews, at other times.

## Families, children and young people

## Population group rating: Good

### Findings

Childhood immunisation uptake rates were above World Health Organisation (WHO) targets.

The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.

The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation and would liaise with health visitors when necessary.

The practice was well connected to its local LGBTQ+ youth group (they worked with the practice to advise on how they could improve their facilities and use of terminology.)

As postnatal checks were not routinely offered, the practice wrote to all new mothers to invite them to raise concerns about themselves and/or their baby straight after birth.

The practice acted on Period poverty by providing donation boxes in reception.

Child Immunisation	Numerator	Denominator	Practice	Comparison
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			%	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>	89	92	96.7%	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>	87	89	97.8%	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>	87	89	97.8%	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>	87	89	97.8%	Met 95% WHO based target (significant variation positive)

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

**Population group rating: Good**

### Findings

The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

Patients had access to appropriate health assessments and checks including NHS checks for patients aged 40 to 74. There was appropriate and timely follow-up on the outcome of health assessments and checks where abnormalities or risk factors were identified.

Patients could book or cancel appointments online and order repeat medication without the need to attend the surgery.

The practice had an active social media website which it used to inform patients about services and appointment availability.

Technology was used effectively; online booking was available and actively promoted, in addition to the use of a two-way messaging facility.

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	79.8%	72.3%	71.7%	Tending towards variation (positive)

49, and within 5.5 years for women aged 50 to 64) (01/04/2017 to 31/03/2018) (Public Health England)				
Females, 50-70, screened for breast cancer in last 36 months (3 year coverage, %) (01/04/2017 to 31/03/2018) (PHE)	76.5%	71.7%	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)	55.2%	54.2%	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)	63.2%	63.0%	70.2%	N/A
Number of new cancer cases treated (Detection rate: % of which resulted from a two week wait (TWW) referral) (01/04/2017 to 31/03/2018) (PHE)	65.2%	50.3%	51.9%	No statistical variation

**People whose circumstances make them vulnerable**

**Population group rating: Good**

### Findings

End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

The practice had a system for vaccinating patients with an underlying medical condition according to the recommended schedule.

The practice demonstrated that they had a system to identify people who misused substances.

The practice reviewed patients at local residential homes.

The provider had assessed the health needs of its population.

Due to higher than average issues of modern slavery and human trafficking in the area, additional staff training was provided. This allowed both clinical and non-clinical staff who had undertaken the training to recognise potential risk factors and concerns in relation to such abuse.

The practice leadership team educated its staff about Female Genital Mutilation.

There was an asylum seekers' and refugee programme and the practice accepted patient registrations from these groups.

**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.

Patients with dementia were offered a telephone consultation, where appropriate, if they preferred not to attend the surgery.

The practice had plans to undertake an environmental assessment in relation to dementia, to make accessibility easier for those patients.

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) <small>(QOF)</small>	94.6%	87.6%	89.5%	No statistical variation
Exception rate (number of exceptions).	33.9% (19)	15.9%	12.7%	N/A
The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	92.3%	90.6%	90.0%	No statistical variation
Exception rate (number of exceptions).	30.4% (17)	11.8%	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) <small>(QOF)</small>	79.8%	83.3%	83.0%	No statistical variation
Exception rate (number of exceptions).	5.1% (5)	8.7%	6.6%	N/A

### Monitoring care and treatment

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

Indicator	Practice	CCG average	England average
Overall QOF score (out of maximum 559)	552.0	521.9	537.5
Overall QOF exception reporting (all domains)	8.1%	7.2%	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>The provider had undertaken several two or three cycle audits in the preceding months including; an audit on the switching of antidepressant medication, and an anticoagulant audit. We took an in-depth look at the practice's antidepressant medication audit:</p> <p>The practice identified that antidepressants are being prescribed more commonly in the north east of England than the rest of the UK. The potential for side effects on discontinuing or switching can make patients feel unwell.</p> <p>The practice examined its own practices against national guidelines and recorded its findings over three cycles of audit.</p> <p>In conclusion, most patients had had an appropriate switch of medication and there were clear instructions provided to the patient. A plan for follow-up was detailed in the patient records.</p>
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### 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
Explanation of any answers and additional evidence:	
There was a structured system of support, including supervision sessions, for both clinical and non-clinical staff.	
The provider outlined its expectations of high standards of care and performance to all staff. There were systems in place to monitor performance.	
The developmental needs of its staff were met through adequate training provision. Both clinical and non-clinical staff received one weeks' protected learning time, per annum.	
There was an effective recruitment process and an in-depth staff induction which was tailored to the individual's needs. There were no set timescales imposed for completion of induction; this was dependent on individual needs.	
The provider insisted that any employee of the practice who undertakes a phlebotomy role must have undertaken a theoretical course, even though there is no nationally required standard or accreditation for phlebotomy activity. All phlebotomy trainees were supervised within the practice by one of their own Registered General Nurses (RGN), who observed their Phlebotomy skills. Once the RGN and the trainee Phlebotomist were satisfied that the trainee was both confident and competent, the RGN signed them off. In this way, the practice could assure itself that the employed phlebotomist had met the standards and competencies expected by the practice, thereby contributing to safe practice.	

## Coordinating care and treatment

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

Indicator	Y/N/Partial
The contractor has regular (at least 3 monthly) multidisciplinary case review meetings where all patients on the palliative care register are discussed.	Y
We saw records that showed that all appropriate staff, including those in different teams and organisations, were involved in assessing, planning and delivering care and treatment.	Y
Care was delivered and reviewed in a coordinated way when different teams, services or organisations were involved.	Y
Patients received consistent, coordinated, person-centred care when they moved between services.	Y
For patients who accessed the practice's digital service there were clear and effective processes to make referrals to other services.	Y
Explanation of any answers and additional evidence:	
The practice always invited the wider health care team to its clinical meetings, for example, midwives, health visitors and social prescribing colleagues.	

## 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

Smoking Indicator	Practice	CCG average	England average	England comparison
The percentage of patients with any or any combination of the following conditions: CHD, PAD, stroke or TIA, hypertension, diabetes, COPD, CKD, asthma, schizophrenia, bipolar affective disorder or other psychoses whose notes record smoking status in the preceding 12 months (01/04/2017 to 31/03/2018) <small>(QOF)</small>	94.8%	95.7%	95.1%	No statistical variation
Exception rate (number of exceptions).	0.5% (13)	0.7%	0.8%	N/A

## Consent to care and treatment

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

	Y/N/Partial
Clinicians understood the requirements of legislation and guidance when considering consent and decision making. We saw that consent was documented.	Y
Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.	Y
The practice monitored the process for seeking consent appropriately.	Y

## 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

### 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

### 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: There was a positive, professional workplace culture within the practice. Managers challenged any behaviours which could negatively affect the culture.	

The practice had a good grasp of the challenges to delivering high quality care. It was fully aware of its areas for development and improvement, as well as its areas of strength.

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

Source	Feedback
CQC questionnaires	Staff told us they felt able to raise concerns. They also told us they work well as a team and are well supported by the GPs and leadership team.

### Governance arrangements

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

	Y/N/Partial
There were governance structures and systems which were regularly reviewed.	Y
Staff were clear about their roles and responsibilities.	Y
There were appropriate governance arrangements with third parties.	Y
Explanation of any answers and additional evidence:	
There was an information governance policy which detailed the use of regular electronic record audits. In this way the provider could assure itself that Smart Cards were not being misused and that records were being accessed appropriately.	

### 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:	
Communication to the team about risks and performance was regular, effective and clearly documented.	

## 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:	
The practice made effective use of all data available to continuously benchmark itself against other providers.	
The provider made effective use of the appointments system to maximise availability for patients. For example; if a patient cancelled an appointment on the same day, the practice would ring patients who were booked in for the following day to enquire as to whether they would like to bring their appointment forward. The medical administrator who cancelled the booking was given the responsibility for re-filling the slot. This helped the practice to manage capacity versus demand and contributed to reducing avoidable hospital admissions.	

## 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:	
The practice carried out patient and staff surveys, in conjunction with the patient participation group.	

Feedback from Patient Participation Group.

Feedback
The group told us about their high levels of activity within the practice. They had used data and results accordingly, to make effective changes and improvements within the practice. They were a visible body of support to the leadership team. They aspired to represent patient views as fully as possible.

## Any additional evidence

On the day of inspection, we asked some additional questions and asked for evidence about safety, as part of our well-led assessment. We saw that;

There was a policy and process for safe recruitment of staff.

There were systems in place to optimise infection prevention and control. In addition, we saw that the premises were clean.

Staffing levels within the practice were adequately achieved through a system of service level agreements, targets and structured clear expectations of what staff were to achieve.

Medicines were managed safely in the practice.

New policies and procedures were developed, embedded and effectively communicated.

There were adequate safeguarding policies and procedures and risks were reported and managed.

Staff understood their roles in relation to safeguarding.

The practice understood, monitored and addressed current and future risks to safety.

Safety and governance processes were well managed.

There was a culture of honesty and openness in response to incidents, where staff could raise concerns without fear of retribution.

The provider met the requirements for the Duty of Candour.

Learning was shared effectively and used to make improvements.

## Continuous improvement and innovation

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

	Y/N/Partial
There was a strong focus on continuous learning and improvement.	Y
Learning was shared effectively and used to make improvements.	Y
Explanation of any answers and additional evidence:	
The practice had taken part in various pilots and schemes of innovation. As a training practice, there was a desire to shape the GPs of the future and impart a culture of high standards of care.	
At each one-to-one session, all staff are asked a specific question: "If you could change three things about the practice..." The provider used this information to reflect on where it would like to be in the future.	

## Examples of continuous learning and improvement

The practice holds 'playdates' specifically around its electronic record keeping system. It invites other practices who use the same system to come to the premises and they share IT skills and best practice together.

The provider had taken part in several pilot schemes including diabetes trailblazer programme and Care Navigation,

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 practices 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)	$\leq -3$
Variation (positive)	$> -3$ and $\leq -2$
Tending towards variation (positive)	$> -2$ and $\leq -1.5$
No statistical variation	$< 1.5$ and $> -1.5$
Tending towards variation (negative)	$\geq 1.5$ and $< 2$
Variation (negative)	$\geq 2$ and $< 3$
Significant variation (negative)	$\geq 3$

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.